

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000034283

**Entity Name:** EL RETIRO MEDICAL CENTER, CORP.

**Current Principal Place of Business:**

1818 W FLAGLER ST  
MIAMI, FL 33135

**Current Mailing Address:**

1818 W FLAGLER ST  
MIAMI, FL 33135 US

**FEI Number: 86-3378120**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUINTERO, FRANK JR  
75 VALENCIA AVE  
STE 800  
CORA GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RUIZ ALVAREZ, DANIELA  
Address 1818 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

Title VP  
Name CONSUEGRA, JOHANDRA M  
Address 1818 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

Title S  
Name MEZA, ANGEL  
Address 1818 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIELA RUIZ ALVAREZ**

**MGR**

**05/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date