

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000070609

Entity Name: WEDO MEDICAL CENTER CORP**Current Principal Place of Business:**2215 NW 36TH ST
MIAMI, FL 33142**Current Mailing Address:**2215 NW 36TH ST
MIAMI, FL 33142 US**FEI Number:** 87-2047850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILLAR PUIG, PEDRO LUIS
801 MADRID ST
2
MIAMI, 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	VILLAR PUIG, PEDRO LUIS
Address	801 MADRID ST SUITE 2
City-State-Zip:	MIAMI FL 33134

Title	P
Name	MARIN, YUSNIEL
Address	6223 SW 158 AVE
City-State-Zip:	MIAMI FL 33193

Title	P
Name	LOPEZ, ALFONSO IV
Address	4920 SW 150 TER
City-State-Zip:	MIRAMAR FL 33027

Title	P
Name	MESA, STEPHANIE
Address	801 MADRID ST, SUITE 2
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	DIAZ, ERNESTO
Address	2215 NW 36TH ST
City-State-Zip:	MIAMI FL 33142

Title	S
Name	SANCHEZ GUEVARA, OMAR
Address	2215 NW 36TH ST
City-State-Zip:	MIAMI FL 33142

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: PEDRO LUIS VILLAR PUIG**OWNER****04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date