

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K89415

FILED
Feb 29, 2012
Secretary of State

Entity Name: ALBA MEDICAL CENTER, INC.

Current Principal Place of Business:

4210 PALM AVE
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

4210 PALM AVE
HIALEHA, FL 33012 US

New Mailing Address:

FEI Number: 65-0255269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, DORA
4210 PALM AVE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HERNANDEZ, DORA
Address: 4210 PALM AVE
City-St-Zip: HIALEAH, FL

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: HERNANDEZ DORA

PD

02/29/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date