


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90245 023 ***158.75

DOCUMENT # P00000112301

1. Entity Name
SERENE MEDICAL CENTER OF HIALEAH, INC.



Principal Place of Business
**383 W 34 ST.
 HIALEAH, FL 33012**

Mailing Address
**383 W 34 ST.
 HIALEAH, FL 33012**

40065928



2. Principal Place of Business - No P.O. Box #
4501 PALM AVENUE

3. Mailing Address
4501 PALM AVENUE

Suite, Apt. #, etc.
No. 106

Suite, Apt. #, etc.
106

04052007 Chg-P CR2E034 (12/06)

City & State
HIALEAH, FL 33012

City & State
HIALEAH, FLORIDA 33012

Zip
33012

Country
MIAMI-DADE

Zip
33012

Country
MIAMI-DADE

4. FEI Number
65-1061372

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

URBINA, JUAN
383 W 34 ST.
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name
URBINA, JUAN

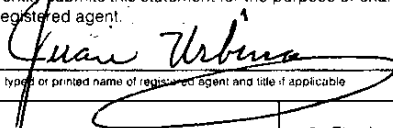
Street Address (P.O. Box Number is Not Acceptable)
4501 PALM AVENUE, SUITE # 106

City
HIALEAH

State
FL

Zip Code
33012

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JUAN F. URBINA** **04/09/2007**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

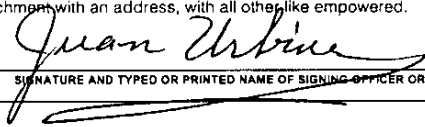
10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P URBINA, ESPERANZA 10100 SW 127TH AVENUE MIAMI, FL 33186 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD URBINA, JUAN F 10100 SW 127TH AVENUE MIAMI, FL 33186 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **04/09/2007** **(305) 885-8722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #