

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90409 042 \*\*\*150.00

**DOCUMENT # P01000079721**

1. Entity Name  
IFA MEDICAL CENTER, INC.



Principal Place of Business  
1695 SW 107TH AVE  
MIAMI, FL 33165

Mailing Address  
1695 SW 107TH AVE  
MIAMI, FL 33165

**66015978**



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1130519

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, ELIECER  
1695 SW 107TH AVE  
MIAMI, FL 33165

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent, 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  
PSD  
GONZALEZ, ELIECER  
1695 SW 107TH AVE  
MIAMI, FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #