

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109026

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** PMN MEDICAL CENTERS, INC.

**Current Principal Place of Business:**

701 NW 57 AVE  
300  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

701 NW 57 AVE  
300  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 43-1976626      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MEDVIN, PHILIP ESQ  
4112 AURORA ST.  
CORAL GABLES, FL 33146      US

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

MEDVIN, JOSHUA ESQ  
1699 CORAL WAY SUITE 311  
MIAMI, FL 33145      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: JOSHUA MEDVIN      03/25/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO      ( ) Delete  
Name: BEHAR, VICTOR  
Address: 701 NW 57 AVENUE, S-300  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VICTOR BEHAR      CEO      03/25/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date