

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064474

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** ARGENI MEDICAL CENTER INC

**Current Principal Place of Business:**

300 SW 107 AVENUE  
105  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

300 SW 107 AVENUE  
105  
MIAMI, FL 33174

**New Mailing Address:**

**FEI Number:** 01-0812237      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CASILLA, DAGOBERTO  
300 SW 107 AVENUE  
105  
MIAMI, FL 33174 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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CASILLA, DAGOBERTO  
Address: 300 SW 107 AVENUE NO 105  
City-St-Zip: MIAMI, FL 33174

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: CASILLA, DAGOBERTO

PD

04/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date