

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003613

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** IDEAL MEDICAL CENTER - HIALEAH, INC.

**Current Principal Place of Business:**

3805 W. 20TH AVE  
SUITE # 105  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

995 N. MIAMI BEACH BLVD.  
SUITE # 100  
N. MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 20-2116010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GONZALEZ, WILFREDO  
995 N MIAMI BEACH BLVD. #100  
N MIAMI BEACH, FL 33162 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: P  
Name: MOLINA, RODOLFO  
Address: 4055 VENTURA AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP  
Name: GONZALEZ, WILFREDO  
Address: 2200 COUNTRY CLUB PRADO  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: BRAVO, OCTAVIO A  
Address: 11782 SW 92ND TERR  
City-St-Zip: MIAMI, FL 33186

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: WILFREDO GONZALEZ

VP

02/17/2010

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

\_\_\_\_\_  
Date