

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108613

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** ISER MEDICAL CENTER, INC.

**Current Principal Place of Business:**

2461 CORAL WAY  
SUITE # 57  
CORAL GABLES, FL 33145

**New Principal Place of Business:**

8004 NW 154TH ST  
SUITE 400  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

2461 CORAL WAY  
SUITE # 57  
CORAL GABLES, FL 33145

**New Mailing Address:**

8004 NW 154TH ST  
SUITE 400  
MIAMI LAKES, FL 33016

**FEI Number:** 20-5419033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ AIRA, ZUCELL  
2461 SW 22ND STREET  
SUITE # 57  
CORAL GABLES, FL 33145 US

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

MARTINEZ AIRA, ZUCELL  
8004 NW 154TH ST  
SUITE 400  
MIAMI LAKES, FL 33016 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: ZUCELL MARTINEZ

04/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTINEZ AIRA, ZUCELL  
Address: 8004 NW 154 TH SUITE 400  
City-St-Zip: MIAMI LAKES, FL 33016

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: ZUCELL MARTINEZ

PRE

04/29/2012

Electronic Signature of Signing Officer or Director

Date