2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# P07000045122

Entity Name: FAIRLAWN MEDICAL CENTER INC.

Current Principal Place of Business:

6465 SW 8 ST.
MIAMI, FL 33144

New Principal Place of Business:

5450 SW 8TH STREET
202
MIAMI, FL 33134

Current Mailing Address:

6465 SW 8 ST.
MIAMI, FL 33144

New Mailing Address:

5450 SW 8TH STREET
202
MIAMI, FL 33134

FEI Number: 20-8824511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECERRA, LEOPOLDO
6465 SW 8 ST.
MIAMI, FL 33024 US

Name and Address of New Registered Agent:

BECERRA, LEOPOLDO
5450 SW 8TH STREET
202
MIAMI, FL 33134 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: 02/09/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BECERRA, LEOPOLDO
Address: 6465 SW 8 ST.
City-St-Zip: MIAMI, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BECERRA, LEOPOLDO
Address: 5450 SW 8TH STREET
City-St-Zip: MIAMI, FL 33134

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: LEO BECERRA, JR. D 02/09/2009
Electronic Signature of Signing Officer or Director — Date