2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P07000123724

Entity Name: INTERAMERICAN MEDICAL CENTER OF HIALEAH, INC.

Current Principal Place of Business:

3695 W 4 AVE.
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

7101 W. FLAGLER ST.
MIAMI, FL 33144

New Mailing Address:

FEI Number: 26-1421736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAGO, JOEL
3695 W 4 AVE.
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

LAGO, JOEL
7101 WEST FLAGLER ST
MIAMI, FL 33144 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: JOEL LAGO 01/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAGO, JOEL
Address: 3695 W 4 AVE.
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete
Name: OTERO, LEANDRO L. MD
Address: 3695 W 4 AVE.
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete
Name: PADRON, MARIELA
Address: 3695 W 4 AVE.
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LAGO, JOEL
Address: 7101 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: V (X) Change ( ) Addition
Name: OTERO, LEANDRO L. MD
Address: 7101 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: V (X) Change ( ) Addition
Name: PADRON, MARIELA
Address: 7101 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33144

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: JOEL LAGO P 01/08/2008
Electronic Signature of Signing Officer or Director Date