

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000021488

FILED
Mar 14, 2011
Secretary of State

Entity Name: KENDALL FAMILY MEDICAL CENTER, CORP.

Current Principal Place of Business:

11760 SW 40 ST
STE 112
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

11760 SW 40 ST
STE 112
MIAMI, FL 33175

New Mailing Address:

FEI Number: 26-4423735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, CARMEN
11760 SW 40TH ST
STE 112
MIAMI, FL 33175 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

OFFICERS AND DIRECTORS:

Title: PD
Name: RUIZ, CARMEN
Address: 11760 SW 40TH ST, STE 112
City-St-Zip: MIAMI, FL 33175

Title: VSD
Name: ACOSTA, JORGE
Address: 11760 SW 40TH ST, STE 112
City-St-Zip: MIAMI, FL 33175

Title: SD
Name: HERNANDEZ, CARMEN
Address: 11760 SW 40TH ST, STE 112
City-St-Zip: MIAMI, FL 33175

Title: TD
Name: ACOSTA, ANTONIO A
Address: 11760 SW 40TH ST, STE 112
City-St-Zip: MIAMI, FL 33175

Title: D
Name: FERNANDEZ, MARTA MD
Address: 11760 SW 40TH ST, STE 112
City-St-Zip: MIAMI, FL 33175

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: CARMEN RUIZ

PD

03/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date