

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076684

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** 6TH AVENUE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

9415 NE 6TH AVENUE  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

9415 NE 6TH AVENUE  
MIAMI SHORES, FL 33138 US

**New Mailing Address:**

**FEI Number:** 20-5060904      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KLEIN, RONALD ESQ.  
4340 SHERIDAN STREET  
102  
HOLLYWOOD, FL 33021 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 ( ) Delete  
Name: DIAZ, MARIA  
Address: 9415 NE 6TH AVENUE  
City-St-Zip: MIAMI SHORES, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MD

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

MD

03/31/2009

\_\_\_\_\_ Date