## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011261

Entity Name: MILA MEDICAL CENTER, INC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4205 SEA MIST WAY
WELLINGTON, FL 33414
4205 SEA MIST WAY
WELLINGTON, FL 33449

Current Mailing Address: New Mailing Address:

4205 SEA MIST WAY
WELLINGTON, FL 33414
4205 SEA MIST WAY
WELLINGTON, FL 33449

FEI Number: 65-0726063 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LOPEZ, SERGIO
4205 SEA MIST WAY
4205 SEA MIST WAY
WELLINGON, FL 33414 US
LOPEZ, SERGIO
4205 SEA MIST WAY
WELLINGON, FL 33449 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: 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 LOPEZ, SERGIO
 Name:
 LOPEZ, SERGIO

 Address:
 4205 SEA MIST WAY
 Address:
 4205 SEA MIST WAY

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 WELLINGTON, FL 33449

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: SERGIO LOPEZ M.D. PRES 04/22/2009