2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2011
Secretary of State

DOCUMENT# P02000122687

Entity Name: L MEDICAL CENTER INC.

Current Principal Place of Business:

5040 NW 7 ST
SUITE 670
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5040 NW 7 ST
SUITE 670
MIAMI, FL 33126

New Mailing Address:

FEI Number: 76-0733097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, LAZARO
5040 NW 7 ST
SUITE 670
MIAMI, FL 33126 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: PRES
Name: MARTINEZ, LAZARO
Address: 5040 NW 7 ST SUITE 670
City-St-Zip: MIAMI, FL 33126

Title: VSD
Name: MARTINEZ, LAZARO
Address: 5040 NW 7 ST SUITE 670
City-St-Zip: MIAMI, FL 33126

Title: CFO
Name: MARTINEZ, LAZARO
Address: 5040 NW 7 ST SUITE 670
City-St-Zip: MIAMI, FL 33126

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: MARTINEZ LAZARO PD 02/14/2011

Electronic Signature of Signing Officer or Director — Date