

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000122687

Entity Name: L MEDICAL CENTER INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

## **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: LAZARO MARTINEZ

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04/25/2012

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

\_\_\_\_\_  
Date