

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K89415

**Entity Name:** ALBA MEDICAL CENTER, INC.

**Current Principal Place of Business:**

4210 PALM AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

4210 PALM AVE  
HIALEHA, FL 33012 US

**FEI Number:** 65-0255269

**Certificate of Status Desired:** No

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

HERNANDEZ, DORA  
4210 PALM AVE  
HIALEAH, FL 33012 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name HERNANDEZ, DORA  
Address 4210 PALM AVE  
City-State-Zip: HIALEAH FL

*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:** HERNANDEZ DORA

PD

03/07/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date