

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 560929

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

110 NW 27TH AVE.  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

110 NW 27TH AVE.  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:** 59-1805106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANIEL H. GUARIN  
110 NW 27TH AVE  
201  
MIAMI, FL 33130 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:** SD  
**Name:** CARRILLO, PEDRO L  
**Address:** 110 NW 27 AVE  
**City-St-Zip:** MIAMI, FL 33125

**Title:** PD  
**Name:** GONZALEZ, PEDRO  
**Address:** 727 E. DILIDO DRIVE  
**City-St-Zip:** MIAMI BEACH, FL

**Title:** T  
**Name:** GONZALEZ, JONATHAN  
**Address:** 727 EAST DILIDO DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33139 FL

**Title:** VD  
**Name:** GONZALEZ, ISABEL C  
**Address:** 727 EAST DILIDO DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33139 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:** PEDRO GONZALEZ

P

04/25/2011

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

\_\_\_\_\_  
Date