## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 640099** 

FILED Jan 21, 2008 Secretary of State

Entity Name: THE MEDICAL CENTER OF WINSTON TOWERS, INC.

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

4302 ALTON ROAD SUITE 540 MIAMI BEACH, FL 33140

Current Mailing Address: New Mailing Address:

4302 ALTON ROAD SUITE 540 MIAMI BEACH, FL 33140

FEI Number: 59-1925136 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:

HOROWITZ, MICHAEL E DR
17395 N. BAY RD
SUITE 203
MIAMI BEACH, FL 33160 US
HOROWITZ, MICHAEL E DR
4302 ALTON RD
STE 540
MIAMI BEACH, FL 33140 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: MICHAEL HOROWITZ MD 01/21/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition HOROWITZ, DR MICHAEL, E HOROWITZ, DR MICHAEL, E Name: Name: 10175 COLLINS AVE, #1203 Address: 4302 ALTON RD STE 540 Address: City-St-Zip: BAL HARBOR, FL 33154 City-St-Zip: MIAMI BEACH, FL 33140

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: MICHAEL HOROWITZ MD 01/21/2008