

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98691

FILED
Jan 05, 2012
Secretary of State

Entity Name: ST. JOHN CLINIC MEDICAL CENTER, INC.

Current Principal Place of Business:

161 NW 29TH ST.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

161 NW 29TH ST.
MIAMI, FL 33127

New Mailing Address:

FEI Number: 59-2226330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, REINALDO
161 N.W. 29 STREET
MIAMI, FL 33127 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: P
Name: CRUZ, REINALDO
Address: 161 NW 29 ST
City-St-Zip: MIAMI, FL 33127

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: REINALDO CRUZ

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date