

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L90553

FILED
Feb 17, 2009
Secretary of State

Entity Name: DOCTOR'S MEDICAL CENTER, INC.

Current Principal Place of Business:

1240 NW 119ST
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

1240 NW 119ST
MIAMI, FL 33167 US

New Mailing Address:

FEI Number: 65-0208889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE PAZ, VENTURA
1240 NW 119 ST
1500 NW 119 ST
MIAMI, FL 33167 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE PAZ, VENTURA
Address: 1240 NW 119 ST
City-St-Zip: MIAMI, FL 33167

Title: SD () Delete
Name: GRAY, PATRICK MD
Address: 16286 SW 70TH STREET
City-St-Zip: PEMBROKE PINES, FL 33331

Title: TD () Delete
Name: LLANES, FRANKLIN MD
Address: 13624 NW 10TH TERRACE
City-St-Zip: MIAMI, FL 33182

Title: VD () Delete
Name: PORTAL, LUIS
Address: 15036 SW 55TH TERR.
City-St-Zip: MIAMI, FL 33185

Title: VSD () Delete
Name: CASTANEDA, MAGALY
Address: 1240 NW 119 ST.
City-St-Zip: MIAMI, FL 33167

Title: VSD () Delete
Name: DE PAZ, VENUS
Address: 180 E. 46 STREET
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VENTURA DE PAZ

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date