

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90193 017 ***150.00

DOCUMENT # M12317

1. Entity Name

CORAL MEDICAL CENTER, INC.



Principal Place of Business

C/O MARIA MARTINEZ
7990 CORAL WAY
MIAMI FL 33155

Mailing Address

C/O MARIA MARTINEZ
7990 CORAL WAY
MIAMI FL 33155



2. Principal Place of Business

2661 SW 111 Ct.

3. Mailing Address

2661 SW 111 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

59-2514111

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

33165

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MARIA
7990 CORAL WAY
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name MARIA MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)
2661 SW 111 Ct.

City MIAMI FL Zip Code 33165

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria Martinez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME VANEGAS, JAIME
STREET ADDRESS 2661 SW 111 CT
CITY-ST-ZIP MIAMI FL 33165

TITLE VSD ☐ Delete
NAME MARTINEZ, MARIA
STREET ADDRESS 2661 SW 111 CT
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 (305) 606-2185

Date

Daytime Phone #