

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M15791

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** SOUTHWEST CLINIC, INC.

**Current Principal Place of Business:**

752 W FLAGLER ST, STE 102  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

752 W FLAGLER ST, STE 102  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 59-2533837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAX, CARLOS M  
752 W. FLAGLER ST., SUITE 102  
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: PD  
Name: MAX, CARLOS M.D.  
Address: 752 W. FLAGLER STREET, STE. 102  
City-St-Zip: MIAMI, FL

Title: ST  
Name: TROCHEZ, DOLORES D  
Address: 13534 SW 4TH TERRACE  
City-St-Zip: MIAMI, FL 33184

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: CARLOS MAX, M.D.

PD

04/27/2012

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

\_\_\_\_\_ Date