

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M61000

FILED
Feb 14, 2008
Secretary of State

Entity Name: SIGMA MEDICAL CENTER, INC.

Current Principal Place of Business:

1773 S.W. 8TH STREET
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

1773 S.W. 8TH STREET
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 65-0011314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMORA, ALEX
1298 NW 10TH AVE
MIAMI, FL 33136 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: PVS () Delete
Name: HASBUN, ROSALINDA,
Address: 1773 S.W. 8 ST.
City-St-Zip: MIAMI, FL 33135

Title: TD () Delete
Name: HASBUN, ROSALINDA,
Address: 1773 S.W. 8 ST.
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROSALINDA HASBUN

PVS

02/14/2008

Electronic Signature of Signing Officer or Director

Date