

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 25, 2011  
Secretary of State**

DOCUMENT# N00000005096

**Entity Name:** NORTH MIAMI BEACH MEDICAL CENTER, INC.

**Current Principal Place of Business:**

13899 BISCAYNE BOULEVARD  
132  
NORTH MIAMI BEACH, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 680158  
MIAMI, FL 33168 US

**New Mailing Address:**

**FEI Number:** 65-1032266      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RAMSARAN, EILEEN  
1950 SOUTH OCEAN DRIVE  
M-H  
HALLANDALE BEACH, FL 33009 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: RAMSARAN, EILEEN M.D.  
Address: 1950 SOUTH OCEAN DRIVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: STD.  
Name: ODIBI, JOHNSON O  
Address: 7311 ALHAMBRA BLVD.  
City-St-Zip: MIRAMAR, FL 33023

Title: VD  
Name: RENDON, SAMUEL B.S.  
Address: 301 CHALMETTE DRIVE SUITE # 13  
City-St-Zip: NORMAN, OK 73071

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EILEEN RAMSARAN

PD

03/25/2011

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

\_\_\_\_\_  
Date