

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000010865

1. Entity Name
CENTRO DE CORAZONES DE MIAMI, INC.



Principal Place of Business
**9734 NW 27TH TERRACE
MIAMI, FL 33172**

Mailing Address
**9734 NW 27TH TERRACE
MIAMI, FL 33172**



04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3706207

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PISINI, LYDIA
9734 NW 27TH TERRACE
MIAMI, FL 33172**

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstalling)

04/21/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PISANI, LYDIA
9734 NW 27TH TERRACE
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LABAT, MARTHA
9734 NW 27TH TERRACE
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
RINCON, ANGELA
9734 NW 27TH TERRACE
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/13/08-80070-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARTHA LABAT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/08 **305-599-9291**
Date Daytime Phone #