

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000071

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** MINISTERIOS DE SANIDAD INC

**Current Principal Place of Business:**

4045 MEADE DRIVE  
FORT KNOX, KY 40121

**New Principal Place of Business:**

**Current Mailing Address:**

4045 MEADE DRIVE  
FORT KNOX, KY 40121

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FLORES, BUENAVENTURA  
9551 ENCINO STREET  
MIRAMAR, FL 33025 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: P  
Name: FLORES, BUENAVENTURA  
Address: 4045 MEADE DRIVE  
City-St-Zip: FORT KNOX, KY 40121

Title: VP  
Name: FLORES, ANTONIO  
Address: 4045 MEADE DRIVE  
City-St-Zip: FORT KNOX, KY 40121

Title: SEC  
Name: FLORES, DESIREE  
Address: 4045 MEADE DRIVE  
City-St-Zip: FORT KNOX, KY 40121

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: ANTONIO FLORES

VP

01/19/2012

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

\_\_\_\_\_  
Date