

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2010
Secretary of State

Entity Name: CENTRO MEDICO FAMILIAR BUEN PASTOR INC

Current Principal Place of Business:

4440 SHERIDAN ST STE C
HOLLYWOOD, FL 33021

New Principal Place of Business:

4440 SHERIDAN ST
SUITE C
HOLLYWOOD, FL 33021

Current Mailing Address:

4440 SHERIDAN ST STE C
HOLLYWOOD, FL 33021

New Mailing Address:

4440 SHERIDAN ST
SUITE C
HOLLYWOOD, FL 33021

FEI Number: 27-0229677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOREZ, GABRIEL G
8288 NW 195 TERR
HIALEAH, FL 33015 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: D
Name: FLOREZ, JUAN G
Address: 8288 NW 195 TERR
City-St-Zip: HIALEAH, FL 33015

Title: VP
Name: VARGAS, CIELO E
Address: 8288 NW 195 TERR
City-St-Zip: HIALEAH, FL 33015

Title: D
Name: FLOREZ, FABIO
Address: 8288 N W 195 TERR
City-St-Zip: HIALEAH, FL 33015

Title: PD
Name: FLOREZ, GABRIEL
Address: 8288 N W 195 TERR
City-St-Zip: HIALEAH, FL 33015

Title: D
Name: FLOREZ, CARLOS M
Address: 8288 NW 195TH TERR
City-St-Zip: HIALEAH, FL 33015

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: GABRIEL G. FLOREZ

PD

04/05/2010

Electronic Signature of Signing Officer or Director

Date