

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004868

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** CENTRO MEDICO FAMILIAR BUEN PASTOR INC

**Current Principal Place of Business:**

4440 SHERIDAN ST  
SUITE C  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4440 SHERIDAN ST  
SUITE C  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**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:**

FLOREZ, GABRIEL G  
3101 S OCEAN DR  
1603  
HOLLYWOOD, FL 33019 US

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:** GABRIEL FLOREZ

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** FLOREZ, GABRIEL G  
**Address:** 3101 S OCEAN DR, APTO 1603  
**City-St-Zip:** HOLLYWOOD, FL 33019 US

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 FLOREZ

PD

04/09/2012

Electronic Signature of Signing Officer or Director

Date