

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 12, 2012  
Secretary of State**

DOCUMENT# N11000001932

**Entity Name:** AMIGOS DE HOGAR CLINICA SAN JUAN DE DIOS, INC.

**Current Principal Place of Business:**

1492 SOUTH MIAMI AVENUE  
MIAMI, FL 331304322

**New Principal Place of Business:**

**Current Mailing Address:**

1492 SOUTH MIAMI AVENUE  
MIAMI, FL 331304322

**New Mailing Address:**

**FEI Number:** 45-2827604      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GIUFFRA, ELIZABETH MS.  
1492 SOUTH MIAMI AVENUE  
MIAMI, FL 331304322 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:** CERVERA, ALICIA  
**Address:** A1236 ANASTASIA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** LOUMIET, LUCRECIA  
**Address:** 1033 ANASTASIA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** FLORIAN, LEONOR  
**Address:** 13670 SW 78TH STREET  
**City-St-Zip:** MIAMI, FL 33183

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: ALICIA CERVERA

D

03/12/2012

Electronic Signature of Signing Officer or Director

Date