

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004116

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** PALM SPRINGS MEDICAL ASSOCIATES OF HIALEAH, INC.

**Current Principal Place of Business:**

1490 W 49TH PLACE  
SUITE 209  
HIALEAH, FL 33012

**New Principal Place of Business:**

1490 W. 49TH PLACE  
SUITE 209  
HIALEAH, FL 33012

**Current Mailing Address:**

1490 W 49TH PLACE  
SUITE 209  
HIALEAH, FL 33012

**New Mailing Address:**

1490 W. 49TH PLACE  
SUITE 209  
HIALEAH, FL 33012

**FEI Number:** 45-1994799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, MARIA V  
1490 W 49TH PLACE  
SUITE 209  
HIALEAH, FL 33012 US

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

PEREZ, MARIA V  
1490 W. 49TH PLACE  
SUITE 209  
HIALEAH, FL 33012 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: MARIA V. PEREZ

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: PEREZ, MARIA V  
Address: 1490 W. 49TH PLACE #209  
City-St-Zip: HIALEAH, FL 33012

Title: VD  
Name: SUAREZ, VICTOR  
Address: 1490 W. 49TH PLACE #209  
City-St-Zip: HIALEAH, FL 33012

Title: SD  
Name: SUAREZ, LIANNE  
Address: 1490 W. 49TH PLACE #209  
City-St-Zip: HIALEAH, FL 33012

Title: D  
Name: MARQUEZ, FARID  
Address: 1490 W. 49TH PLACE # 209  
City-St-Zip: HIALEAH, FL 33012

Title: D  
Name: HERNANDEZ, ALBERTO  
Address: 1490 W. 49TH PLACE # 209  
City-St-Zip: HIALEAH, FL 33012

Title: D  
Name: HERNANDEZ, MARLEN  
Address: 1490 W. 49TH PLACE # 209  
City-St-Zip: HIALEAH, FL 33012

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: MARIA V. PEREZ

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date