

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000061117

FILED
Aug 01, 2005
Secretary of State**Entity Name:** GREATER MIAMI HEALTH MEDICAL CENTER INC.**Current Principal Place of Business:**807 S W 25 AVE
SUITE 302
MIAMI, FL 33135**New Principal Place of Business:****Current Mailing Address:**807 S W 25 AVE
SUITE 302
MIAMI, FL 33135**New Mailing Address:****FEI Number:** 65-1021390**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERNANDEZ, YAMILKA
807 S W 25 AVE
302
MIAMI, FL 33135 US**Name and Address of New Registered Agent:**BACERIO, JACQUELINE M
807 S W 25 AVE
SUITE 302
MIAMI, FL 33135 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: JACQUELINE M. BACERIO

08/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: HERNANDEZ, YAMILKA
Address: 807 S.W 25 AVE 302
City-St-Zip: MIAMI, FL 33135**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPS (X) Change () Addition
Name: BACERIO, JACQUELINE M
Address: 807 S.W 25 AVE., SUITE 302
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE M. BACERIO

PRES

08/01/2005

Electronic Signature of Signing Officer or Director

Date