

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90245 023 ***158.75

DOCUMENT # P00000112301

1. Entity Name
SERENE MEDICAL CENTER OF HIALEAH, INC.



Principal Place of Business
**383 W 34 ST.
HIALEAH, FL 33012**

Mailing Address
**383 W 34 ST.
HIALEAH, FL 33012**

40065928



2. Principal Place of Business - No P.O. Box #
4501 PALM AVENUE

3. Mailing Address
4501 PALM AVENUE

Suite, Apt. #, etc.
No. 106

Suite, Apt. #, etc.
106

04052007 Chg-P CR2E034 (12/06)

City & State
HIALEAH, FL 33012

City & State
HIALEAH, FLORIDA 33012

4. FEI Number
65-1061372

Applied For
☐ Not Applicable

Zip Country
33012 MIAMI-DADE

Zip Country
33012 MIAMI-DADE

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**URBINA, JUAN
383 W 34 ST.
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name
URBINA, JUAN

Street Address (P.O. Box Number is Not Acceptable)

4501 PALM AVENUE, SUITE # 106

City
HIALEAH

FL

Zip Code
33012

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Juan Urbina

JUAN F. URBINA

04/09/2007

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete
NAME
URBINA, ESPERANZA
STREET ADDRESS
10100 SW 127TH AVENUE
CITY-ST-ZIP
MIAMI, FL 33186

TITLE
VD ☐ Delete
NAME
URBINA, JUAN F
STREET ADDRESS
10100 SW 127TH AVENUE
CITY-ST-ZIP
MIAMI, FL 33186

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan Urbina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/2007 (305) 885-8722

Date

Daytime Phone #