

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001270

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** KENDALL SOUTH MEDICAL CENTER, INC.

**Current Principal Place of Business:**

11880 SW 40TH STREET  
405  
MIAMI, FL 33175

**New Principal Place of Business:**

2433 SW 147 AVENUE  
MIAMI, FL 33185

**Current Mailing Address:**

11880 SW 40TH STREET  
405  
MIAMI, FL 33175

**New Mailing Address:**

2433 SW 147TH AVENUE  
MIAMI, FL 33185

**FEI Number:** 65-1067532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PULIDO, MARTA PRES  
11880 SW 40TH ST  
405  
MIAMI, FL 33175 US

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

PULIDO, MARTA PRES  
2433 SW 147TH AVENUE  
MIAMI, FL 33185 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: MARTA PULIDO

03/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PULIDO, MARTA  
Address: 2433 SW 147TH AVENUE  
City-St-Zip: MIAMI, FL 33185

Title: CEO  
Name: PULIDO, MARTA  
Address: 2433 SW 147TH AVENUE  
City-St-Zip: MIAMI, FL 33185

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTA PULIDO

CEO

03/23/2011

Electronic Signature of Signing Officer or Director

Date