

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032174

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** FIRST PRIME MEDICAL CENTER, INC.

**Current Principal Place of Business:**

6405 NW 36 ST  
SUITE 113  
VIRGINIA GARDEN, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6405 NW 36 ST  
SUITE 113  
VIRGINIA GARDEN, FL 33166

**New Mailing Address:**

**FEI Number:** 65-1090612      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RODRIGUEZ, MADELYN  
6405 NW 36 ST  
SUITE 113  
VIRGINIA GARDEN, FL 33166 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: PD  
Name: RODRIGUEZ, MADELYN  
Address: 6405 NW 36 ST STE 113  
City-St-Zip: VIRGINIA GARDEN, FL 33166

Title: VP  
Name: MARTINEZ, LESTER  
Address: 6405 NW 36 ST SUITE 113  
City-St-Zip: VIRGINIA GARDEN, FL 33166

Title: PD  
Name: RODRIGUEZ, MADELYN  
Address: 6405NW 36ST SUITE 113  
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: MADELYN RODRIGUEZ

PD

04/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date