

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000038941

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

3160 WEST 76TH. STREET.  
HIALEAH, FL 33018

**New Principal Place of Business:**

3160 WEST 76TH. STREET.  
HIALEAH, FL 33018 UN

**Current Mailing Address:**

3160 WEST 76TH. STREET.  
HIALEAH, FL 33018

**New Mailing Address:**

3160 WEST 76TH. STREET.  
HIALEAH, FL 33018 UN

**FEI Number:** 65-1099678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERNANDEZ, CARLOS A  
7588 W. 33 LANE  
HIALEAH, FL 33018 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: DP  
Name: FERNANDEZ, CARLOS A SR.  
Address: 7588 W. 33 LANE  
City-St-Zip: HIALEAH, FL 33018

Title: DVP  
Name: FERNANDEZ, IDANIA M  
Address: 7588 W. 33 LANE  
City-St-Zip: HIALEAH, FL 33018

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: CARLOS A FERNANDEZ

DP

02/16/2012

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

\_\_\_\_\_  
Date