

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101292

Entity Name: ASSOCIATES MEDICAL CENTER INC.

FILED  
Apr 12, 2010  
Secretary of State

**Current Principal Place of Business:**

3240 NW 7TH ST.  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

2140 W FLAGLER STREET  
SUITE 207  
MIAMI, FL 33135

**New Mailing Address:**

3240 NW 7TH STREET  
MIAMI, FL 33125

FEI Number: 65-1146539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLAN, CARLOS M  
2140 W FLAGLER STREET  
SUITE 207  
MIAMI, FL 33135 US

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

MILLAN, CARLOS M  
3240 NW 7TH STREET  
MIAMI, FL 33125 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: CARLOS M MILLAN

04/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VSD  
Name: MILLAN, MYRNA  
Address: 3240 NW 7TH STREET  
City-St-Zip: MIAMI, FL 33125

Title: PTD  
Name: MILLAN, CARLOS M  
Address: 3240 NW 7TH STREET  
City-St-Zip: MIAMI, FL 33125

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 M MILLAN

P

04/12/2010

Electronic Signature of Signing Officer or Director

Date