

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101292

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATES MEDICAL CENTER INC.

**Current Principal Place of Business:**

3240 NW 7TH ST.  
MIAMI, FL 33125

**New Principal Place of Business:**

759 NW 22 AVE  
MIAMI, FL 33125

**Current Mailing Address:**

3240 NW 7TH STREET  
MIAMI, FL 33125

**New Mailing Address:**

759 NW 22 AVE  
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  
3240 NW 7TH STREET  
MIAMI, FL 33125 US

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

MILLAN, CARLOS M  
759 NW 22 AVE  
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 MILLAN

01/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VSD  
**Name:** MILLAN, MYRNA  
**Address:** 759 NW 22 AVE  
**City-St-Zip:** MIAMI, FL 33125

**Title:** PTD  
**Name:** MILLAN, CARLOS M  
**Address:** 759 NW 22 AVE  
**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 MILLAN

PTE

01/15/2012

Electronic Signature of Signing Officer or Director

Date