## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000113993

Entity Name: PREMIER MEDICAL AND DIAGNOSTIC CENTER, INC.

FILED Oct 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8260 W. FLAGLER ST. 7480 SW 40 ST SUIT 2-N SUIT 540 MIAMI, FL 33144 MIAMI, FL 33155

Current Mailing Address: New Mailing Address:

8260 W. FLAGLER ST. STE 2-N 7480 SW 40 ST MIAMI, FL 33144 SUIT 540 MIAMI, FL 33155

FEI Number: 65-1156767 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

JIMENEZ, ALEJANDRO P
8260 W. FLAGLER ST. STE 2-N
MIAMI, FL 33144 US

JIMENEZ, ALEJANDRO
7480 SW 40 ST
SUIT 540
MIAMI, FL 33155 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: ALEJANDRO JIMENEZ 10/02/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 JIMENEZ, ALEJANDRO P
 Name:
 JIMENEZ, ALEJANDRO

 Address:
 8260 W. FLAGLER ST. SUIT 2-N
 Address:
 7480 SW 40 ST

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALEJANDRO JIMENEZ P 10/02/2009