

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000008622

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** HEALTH & LIFE MEDICAL CENTER INC.

**Current Principal Place of Business:**

1433 NW 13 TERRACE  
MIAMI, FL 33125

**New Principal Place of Business:**

1433 NW 13TH TERR  
MIAMI, FL 33125

**Current Mailing Address:**

1433 NW 13 TERRACE  
MIAMI, FL 33125

**New Mailing Address:**

2800 BISCAYNE BLVD  
11TH FLOOR  
MIAMI, FL 33137

**FEI Number:** 01-0579368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, SHEYLA  
8960 N.W. 172 TERR.  
MIAMI LAKES, FL 33016 US

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

TRANSACTION ADVISORS AND CONSULTANTS  
10261 SW 72ND ST  
C 101  
MIAMI, FL 33173 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:** MANUEL M ARVESU

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RUIZ, ROBERT  
**Address:** 2800 BISCAYNE BLVD  
**City-St-Zip:** MIAMI, FL 33137

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:** ROBERT RUIZ

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date