

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000060744

FILED
Apr 21, 2009
Secretary of State**Entity Name:** C&D MEDICAL CENTER, INC**Current Principal Place of Business:**3383 NW 7 ST, SUITE 104
MIAMI, FL 33125**New Principal Place of Business:****Current Mailing Address:**5805 BLUE LAGOON DRIVE
SUITE 200
MIAMI, FL 33126**New Mailing Address:**3383 NW 7 ST, SUITE 104
MIAMI, FL 33125**FEI Number:** 74-3048280**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**A G CORPORATE SERVICES LLC
5805 BLUE LAGOON DRIVE
SUITE 200
MIAMI, FL 33126 US**Name and Address of New Registered Agent:**LOPEZ, JOSE A P
3383 NW 7 STREET
104
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: JOSE A LOPEZ

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: LOPEZ, JOSE A SR
Address: 3383 NW 7 ST, SUITE 104
City-St-Zip: MIAMI, FL 33125**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE A LOPEZ

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date