

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000079392

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** KEY BISCAYNE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

240 CRANDON BLVD  
SUITE 107  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

240 CRANDON BLVD  
SUITE 107  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 76-0705063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIRALA, RICARDO A M.D.  
240 CRANDON BOULEVARD  
SUITE 107  
KEY BISCAYNE, FL 33149 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GIRALA, RICARDO A M.D.  
Address: 240 CRANDON BLVD. #107  
City-St-Zip: KEY BISCAYNE, FL 33149

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: RICARDO GIRALA

D

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date