

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000011832

1. Entity Name
MALBERTA MEDICAL CENTER, INC.



Principal Place of Business
**11352 SW 184 STREET
MIAMI, FL 33177**

Mailing Address
**11352 SW 184 STREET
MIAMI, FL 33177**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, TANIA V
11352 SW 184 STREET
MIAMI, FL 33177**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature of Registered Agent or Agent in Charge

Signature of Registered Agent or Agent in Charge

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PSD
RODRIGUEZ, TANIA
11352 SW 184 STREET
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**VTD
ALONSO, JOAQUIN
11352 SW 184 STREET
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

U000000176305
01/10/05-80085-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another I am empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/05 205971-8151