

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000041373

Entity Name: ELI MEDICAL CENTER, INC

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5935 SW 8TH ST  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

5935 SW 8TH ST  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 11-3684647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUNGUIA, ELIAS S SR  
5935 SW 8 ST  
MIAMI, FL 33144 US

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

MUNGUIA, ELIAS S  
5935 SW 8 ST  
MIAMI, FL 33144 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: ELIAS MUNGUIA

Electronic Signature of Registered Agent

01/12/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MUNGUIA, ELIAS S  
Address: 15373 SW 12 TERR  
City-St-Zip: MIAMI, FL 33194

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: ELIAS MUNGUIA

Electronic Signature of Signing Officer or Director

P

01/12/2011

Date