04/28/2006 11:14 3056436466 THE TAX GRO

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May 09, 2006 8:00 am
Secretary of State
05-09-2006 90071 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000076418

1. Entity Name
BAYLOR MEDICAL CENTER, INC.

4000J...

Principal Place of Business
920 B SW 82ND AVE
MIAMI, FL 33144

Mailing Address
920 B SW 82ND AVE
MIAMI, FL 33144

Baylor Medical Center
Lazaro Hernandez

2. Principal Place of Business — Suite, Apt. #, etc.

3. Mailing Address 920 SW 82 AVE — Suite, Apt. #, etc.

City & State Miami Fla — City & State 33144

Zip — Country DADE — Zip 33144. — Country DADE

04282006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0089668 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
HERNANDEZ, LAZARO
550 SW 84TH AVE
MIAMI, FL 33144

7. Name and Address of New Registered Agent
Name Hernandez LAZARO
Street Address (P.O. Box Number is Not Acceptable) 920 B. SW 82 AVE
City Miami FL Zip Code 33144

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 X [signature] — Signature, typed or printed name of registered agent and title if applicable. — [signature] (NOTE: Registered Agent signature required when reinstating) — 4/28/06. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS HERNANDEZ, LAZARO 550 SW 84TH AVE MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HERNANDEZ, MARIA E 550 SW 84TH AVE. MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/28/06 Date — 305 262-3999. Daytime Phone #