## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P03000095920**

1. Entity Name

# 215

D & G MEDICAL CENTER, INC.



Principal Place of Business

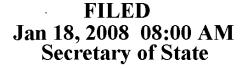
Mailing Address

6595 N.W. 36TH STREET

6595 N.W. 36TH STREET

VIRGINIA GARDENS, FL 33166

VIRGINIA GARDENS, FL 33166





01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0846972

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MARZO, DARLIN 6595 NW 36TH STREET #215 VIRGINIA GARDENS, FL 33166

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or re	gistered agent, or bo	th, in the State of Florid	da. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	DATE				
FIL After Ma	E NOWIII FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	Springs Tel	Taking Calabatan		CHAIR COMMENTAL APPRIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARZO, DARLIN 6595 NW 36TH STREET #215 VIRGINIA GARDENS, FL 33166					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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:

CITY-ST-ZIP