2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121129

Entity Name: GUADALUPE MEDICAL CENTER. INC

FILED Jul 08, 2008 Secretary of State

Littly Na	IIIE. GUADALUFE IVI	EDICAL CENTER, INC			
Current Principal Place of Business:			New Principal Place	of Business:	
	ONGRESS AVE, STE PRTH, FL 33461	106			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ONGRESS AVE, STE PRTH, FL 33461	106			
FEI Number	: 52-2413525 FEI N	umber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LAKE WC	SON BAY LANE RTH, FL 33461 U	_	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Sigr	ature of Registered Ag	ent	Date	
Election Ca	nce with s. 607.193(2)(b), mpaign Financing Trust I S AND DIRECTORS:	` ,	·	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete GALIANO, MARIO P.A. 4469 S. CONGRESS A LAKE WORTH, FL 334	,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete CASTANEDA, EMILIO I 4469 S CONGRESS AV LAKE WORTH, FL 334	E, STE 106	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIO I GALIANO PD 07/08/2008