

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000008462

1. Entity Name  
FIRST MEDICAL CENTER, CORP.



FILED

2006 JUN 20 AM 11: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1140 W. 50TH ST., SUITE 400  
HIALEAH, FL 33012 US

Mailing Address  
1140 W 50TH ST. SUITE 400  
HIALEAH, FL 33012



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06102006

Chg-P

CR2E034 (11/05)

4. FEI Number

61-1464422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVAS, RICHARD  
8466 NW 201 TERRACE  
MIAMI, FL 33015

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 P ☐ Delete  
NAME RIVAS, RICARDO  
STREET ADDRESS 8466 NW 201 TERR.  
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Change ☐ Addition  
NAME 200076639982  
STREET ADDRESS 06/27/06--01035--021 \*\*61.25  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME RIVAS, RICHARD  
STREET ADDRESS 8466 NW 201 TERRACE  
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME CARRILLO, PEDRO L JR. MD  
STREET ADDRESS 1439 WEST 49 PLACE  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME B 6/23/06  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/06

(305) 824-1117