2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009656

Entity Name: MCJ MEDICAL CENTER CORP.

DORAL GABLES, FL 33166

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3900 NW 7 STE 511 DORAL GA	79TH AVE ABLES, FL 33	166			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3900 NW 7 STE 511 DORAL G	79TH AVE ABLES, FL 33	166			
FEI Number:	: 20-0605487	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CHANG, K 3900 NW 7 STE 511 DORAL GA		166 US			
	named entity e of Florida.	submits this statement for the	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	CHANG, IGMA	Delete R AVE. STE. 511	Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: IGMAR CHANG P 03/30/2009