

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000067480

1. Entity Name

Y & N MEDICAL CENTER, INC.



**FILED
Apr 20, 2005 8:00 am
Secretary of State**

04-20-2005 90348 012 ***150.00

50040639



1st MOORE CR2E034 (10/04)

Principal Place of Business 3737 SW 8TH STREET SUITE 212 CORAL GABLES FL 33134		Mailing Address 3737 SW 8TH STREET SUITE 212 CORAL GABLES FL 33134	
2. Principal Place of Business 5040 NW 7th STREET		3. Mailing Address 5040 NW 7th STREET	
Suite, Apt. #, etc. SUITE 650		Suite, Apt. #, etc. SUITE 650	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33126	Country MAIMI DADE	Zip 33126	Country MIAMI DADE
6. Name and Address of Current Registered Agent HERNANDEZ, HECTOR 8770 S.W. 12 ST., #102 MIAMI FL 33174			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ Zip Code FL			

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PD HERNANDEZ, HECTOR 8770 S.W. 12 ST., #102 MIAMI FL 33174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Hector Hernandez

3/30/05 (305) 961-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #