

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-20-2005 90348 012 ***150.00

DOCUMENT # P04000067480

1. Entity Name

Y & N MEDICAL CENTER, INC.



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**

50040639



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

5040 NW 7th STREET

Suite, Apt. #, etc.

SUITE 650

City & State

MIAMI FLORIDA

Zip

33126

Country

MAIMI DADE

3. Mailing Address

5040 NW 7th STREET

Suite, Apt. #, etc.

SUITE 650

City & State

MIAMI FLORIDA

Zip

33126

Country

MIAMI DADE

4. FEI Number

20-1049259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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

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

TITLE **PD** ☐ Delete
NAME **HERNANDEZ, HECTOR**
STREET ADDRESS **8770 S.W. 12 ST., #102**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/05 (305) 961-0015