

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079642

FILED
Jul 14, 2008
Secretary of State

Entity Name: NEW PEACE MEDICAL CENTER, INC.

Current Principal Place of Business:

6850 SW 24 STREET
500
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6850 SW 24 ST
500
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-1820252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, GLADYS
6850 SW 24TH ST
STE 500
MIAMI, FL 331551245 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: REYES, GLADYS
Address: 15640 SW 17 TR
City-St-Zip: MIAMI, FL 33185

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REYES, GLADYS
Address: 15640 SW 17 TR
City-St-Zip: MIAMI, FL 33185

Title: VP () Change (X) Addition
Name: REYES, LUIS L
Address: 15640 SW 17TH TR
City-St-Zip: MIAMI, FL 33185

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: GLADYS REYES

PD

07/14/2008

Electronic Signature of Signing Officer or Director

Date