

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080303

Entity Name: PEARL MEDICAL CENTER, INC

FILED
Feb 17, 2008
Secretary of State

Current Principal Place of Business:

4850 N STATE ROAD 7
BUILDING G, SUITE 116
LAUDERDALE LAKES, FL 33319 US

Current Mailing Address:

4850 N STATE ROAD 7
BUILDING G, SUITE 116
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

4850 N STATE ROAD 7
BUILDING G, SUITE 106
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

4850 N STATE ROAD 7
BUILDING G, SUITE 106
LAUDERDALE LAKES, FL 33319 US

FEI Number: 20-1141165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARASEFERIAN, NARINE P
4850 N STATE RD 7
BUILDING G, UNIT 116
LAUDERDALE LAKES, FL 33316 US

Name and Address of New Registered Agent:

KARASEFERIAN, NARINE P
4850 N STATE RD 7
BUILDING G, UNIT 106
LAUDERDALE LAKES, FL 33316 US

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:

02/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KARASEFERIAN, NARINE
Address: 4850 N STATE ROAD 7 BLDG G SUITE 116
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KARASEFERIAN, NARINE
Address: 4850 N STATE ROAD 7 BLDG G SUITE 106
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

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: NARINE KARASEFERIAN

P

02/17/2008

Electronic Signature of Signing Officer or Director

Date