2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# P04000149840

Entity Name: SOUTH MIAMI MEDICAL CENTER, INC.

Current Principal Place of Business:

9160 NW 25TH CT
SUNRISE, FL 33322

New Principal Place of Business:

2981 SW 156 AVE
DAVIE, FL 33331

Current Mailing Address:

9160 NW 25TH CT
SUNRISE, FL 33322

New Mailing Address:

4369 W 16TH. AVE
HIALEAH, FL 33012

FEI Number: 20-1870003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, ARTURO
9160 NW 25TH CT
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

GARCIA, ARTURO
2981 SW 156 AVE
DAVIE, FL 33331 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: ARTURO GARCIA 07/08/2005
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: D ( ) Delete
Name: GARCIA, ARTURO
Address: 9160 NW 25TH CT
City-St-Zip: SUNRISE, FL 33322

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GARCIA, ARTURO
Address: 2981 SW 156 AVE
City-St-Zip: DAVIE, FL 33331

Title: V/P ( ) Change (X) Addition
Name: DANIEL, HAYYIM
Address: 2981 SW 156 AVE
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARTURO GARCIA P 07/08/2005
Electronic Signature of Signing Officer or Director Date