2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149840

FILED Mar 05, 2008 Secretary of State

Entity Name: SOUTH MIAMI MEDICAL CENTER, INC.	
Current Principal Place of Business:	New Principal Place of Business:
4369 WEST 16TH AVENUE HIALEAH, FL 33012	
Current Mailing Address:	New Mailing Address:
4369 W 16TH. AVENUE 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	: Name and Address of New Registered Agent:
GARCIA, ARTURO 4369 WEST 16TH AVENUE HIALEAH, FL 33012 US	
The above named entity submits this statement for the State of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered	Agent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title: PDT Title: VDT (X) Change () Addition () Delete GARCIA, ARTURO GARCIA, ARTURO Name: Name: 4369 WEST 16 AVENUE Address: 4369 WEST 16 AVENUE Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: () Delete Title: PDT () Change (X) Addition

HAYYIM, DANIEL Name: Name: Address: Address: 2981 SW 156 AVE City-St-Zip: DAVIE, FL 33331 FL City-St-Zip:

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: DANIEL HAYYIM PDT 03/05/2008