

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158572

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** CIENFUEGOS MEDICAL CENTER, INC.

## Current Principal Place of Business:

340 EAST 53 STREET  
HIALEAH, FL 33013 US

## New Principal Place of Business:

527 E. 9 STREET  
SUITE #2  
HIALEAH, FL 33010 US

## Current Mailing Address:

340 EAST 53 STREET  
HIALEAH, FL 33013 US

## New Mailing Address:

527 E. 9 STREET  
SUITE #2  
HIALEAH, FL 33010 US

**FEI Number:** 20-1907152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

CRUZ, ARIEL  
340 EAST 53 STREET  
HIALEAH, FL 33013 US

## Name and Address of New Registered Agent:

CRUZ, ARIEL  
527 E. 9 STREET  
SUITE #2  
HIALEAH, FL 33010 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:

04/22/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CRUZ, ARIEL  
Address: 340 EAST 53 STREET  
City-St-Zip: HIALEAH, FL 33013 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CRUZ, ARIEL  
Address: 527 E. 9 STREET SUITE #2  
City-St-Zip: HIALEAH, FL 33010 US

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: ARIEL CRUZ

P

04/22/2005

Electronic Signature of Signing Officer or Director

Date