

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90116 020 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # P04000158572 1. Entity Name CIENFUEGOS MEDICAL CENTER, INC. | | | | | |
| Principal Place of Business 527 E. 9 STREET SUITE #2 HIALEAH, FL 33010 US | | | Mailing Address 527 E. 9 STREET SUITE #2 HIALEAH, FL 33010 US | | |
| 2. Principal Place of Business 865 E 10 AVE Suite, Apt. #, etc. | | 3. Mailing Address 865 E 10 AVE Suite, Apt. #, etc. | | 03012006 Chg-P CR2E034 (11/05) | |
| City & State HIALEAH FL | | City & State HIALEAH FL | | 4. FEI Number 20-1907152 | |
| Zip 33013 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CRUZ, ARIEL 527 E. 9 STREET SUITE #2 HIALEAH, FL 33010 | | | | 7. Name and Address of New Registered Agent Name CRUZ Ariel Street Address (P.O. Box Number is Not Acceptable) 865 E 10 AVE City HIALEAH FL Zip Code 33013 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CRUZ, ARIEL 527 E. 9 STREET SUITE #2 HIALEAH, FL 33010 | <input type="checkbox"/> Delete | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | SIGNATURE: Ariel Cruz Ariel Cruz 03/01/06 (215) 888-2979 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |