

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001573

Entity Name: LIFE MEDICAL CENTER CORP

FILED  
Jan 03, 2008  
Secretary of State

## Current Principal Place of Business:

10550 NW 77TH COURT  
SUITE 312  
HIALEAH GARDENS, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

10550 NW 77TH COURT  
SUITE 312  
HIALEAH GARDENS, FL 33016

## New Mailing Address:

FEI Number: 20-2093710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTANEDA, KARIMA  
10550 NW 77TH COURT  
SUITE 312  
HIALEAH GARDENS, FL 33016 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASTANEDA, KARIMA  
Address: 10550 NW 77TH COURT SUITE 312  
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: P ( ) Delete  
Name: CASTANEDA, KARIMA  
Address: 10550 NW 77 CT SUITE 312  
City-St-Zip: HIALEAH GARDENS, FL 33016

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Address: 10550 NW 77 CT SUITE 312  
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Title: P ( ) Delete  
Name: CASTANEDA, KARIMA  
Address: 10550 NW 77 CT SUITE 312  
City-St-Zip: HIALEAH GARDENS, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: KARIMA

P

01/03/2008

Electronic Signature of Signing Officer or Director

Date