

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000002915

Entity Name: M G MEDICAL FACILITY INC

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1821 NW 123 AVE.  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

1821 NW 123 AVE.  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 20-2129455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOVEA, MARIO  
1821 NW 123 AVENUE  
PEMBROKE PINES, FL 33026 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: SP  
Name: GOVEA, MARIO  
Address: 1821 NW 123 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP  
Name: RODRIGUEZ, MARIA DE JESUS  
Address: 1821 NW 123 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby 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 all other like empowered.

SIGNATURE: MARIA DE JESUS RODRIGUEZ

VP

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date