

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022877

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: UNIVERSAL MAX MEDICAL CENTER, CORP.

## Current Principal Place of Business:

6555 NW 36 ST., SUITE 103  
VIRGINIA GARDENS, FL 33166

## New Principal Place of Business:

6555 N W 36 ST SUITE 103  
VIRGINIA GARDENS, FL 33166

## Current Mailing Address:

6555 NW 36 ST., SUITE 103  
VIRGINIA GARDENS, FL 33166

## New Mailing Address:

6555 N W 36 ST SUITE 103  
VIRGINIA GARDENS, FL 33166

FEI Number: 20-2348484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VALDES, MAXIMO A  
6555 NW 36 ST., SUITE 103  
VIRGINIA GARDENS, FL 33166 US

## Name and Address of New Registered Agent:

ALFONSO-VALDES, MAXIMO  
8517 N W 7 ST  
MIAMI, FL 33126 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: MAXIMO ALFONSO-VALDES

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VALDES, MAXIMO A  
Address: 8372 SW 8 STREET  
City-St-Zip: MIAMI, FL 33144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALFONSO-VALDES, MAXIMO  
Address: 8517 N W 7 ST  
City-St-Zip: MIAMI, FL 33126

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: MAXIMO ALFONSO-VALDES

P

04/18/2009

Electronic Signature of Signing Officer or Director

Date