

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041859

FILED
Feb 08, 2011
Secretary of State

Entity Name: PASTEUR MEDICAL CENTER, INC.

Current Principal Place of Business:

4578 WEST 12 AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4578 WEST 12 AVENUE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-2749389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTHET, PATRICK C
200 S BISCAYNE BLVD., STE 1800
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: NECUZE, GERARDO
Address: 200 SOUTH BISCAYNE BLVD. SUITE 1800
City-St-Zip: MIAMI, FL 33131

Title: VP
Name: PEREZ, LUIS A
Address: 200 SOUTH BISCAYNE BLVD. SUITE 1800
City-St-Zip: MIAMI, FL 33131

Title: VP
Name: ENRIQUEZ, MANUEL
Address: 200 SOUTH BISCAYNE BLVD. SUITE 1800
City-St-Zip: MIAMI, FL 33131

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: GERARDO NECUZE

MGR

02/08/2011

Electronic Signature of Signing Officer or Director

Date