# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Aug 19, 2009**
**Secretary of State**

DOCUMENT# P05000139336

**Entity Name:** WEST MEDICAL CENTER HEALTH CARE CORP.

**Current Principal Place of Business:**

1665 W 68TH ST STE 208
HIALEAH, FL 33014

**New Principal Place of Business:**

8361 WEST FLAGLER STREET
MIAMI, FL 33144

**Current Mailing Address:**

1665 W 68TH ST STE 208
HIALEAH, FL 33014

**New Mailing Address:**

8361 WEST FLAGLER STREET
MIAMI, FL 33144

**FEI Number: 20-3645665** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ARAYA, LISETH V
1665 W 68TH ST STE 208
HIALEAH, FL 33014 US

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

VIRGILIO, JAMES V
8361 WEST FLAGLER STREET
HIALEAH, FL 33014 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: JAMES V. VIRGILIO 08/19/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ARAYA, LISETH V
Address: 1665 W 68TH ST STE 208
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: VIRGILIO, JAMES V
Address: 8361 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

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: JAMES V. VIRGILIO P 08/19/2009
Electronic Signature of Signing Officer or Director Date