

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P05000148297

1. Entity Name
MEDICAL CENTER OF DORAL INC.



Principal Place of Business
**4995 NW 72 AVE - # 305
MIAMI, FL 33166**

Mailing Address
**4995 NW 72 AVE - # 305
MIAMI, FL 33166**



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number
43-2093481

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARUCI, ROSA A
17897 NW 21 ST
PEMBROKE PINES, FL 33029**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESTADA, SUSEL 8160 W 28 CT - # 203 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARQUEZ, JORGE 20 W 59 ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARUCI, ROSA A 17897 NW 21 ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/24/07-80049-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07 (305) 823 3102