## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000004728

City-St-Zip:

Entity Name: FIGUEREDO MEDICAL CENTER INC.

FILED May 17, 2007 Secretary of State

y	iidi 1100ERE		, 1140.					
Current P	Ne	New Principal Place of Business:						
13721 SW MIRAMAR	49TH CT , FL 33027							
Current M	Ne	w Mailing	g Address	:				
13721 SW MIRAMAR	49TH CT , FL 33027							
FEI Number:	20-4128245	FEI Number Applied For (	) FEI Number	Not Applica	able ( )	Certific	ate of Status Desir	ed ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
The above	49TH CT , FL 33027 named entity:	US submits this statement fo	r the purpose of ch	anging its	registered	office or	registered agent	, or both,
	e of Florida.							
SIGNATU		sia Cianatura af Dagistara	- d A +				Data	
Election Car	ce with s. 607.19	nic Signature of Registere  3(2)(b), F.S., the corporation g Trust Fund Contribution (  TORS:	did not receive the p		/CHANGE	S TO OFI	Date FICERS AND DI	RECTORS:
Title: Name: Address: City-St-Zip:	PD ( FIGUEREDO, E 13721 SW 49T MIRAMAR, FL	нст			1	( ) Change	( ) Addition	
Title: Name: Address:	( )	) Delete	Title Nar Add	ne: F	/P/D FIGUEREDO 13721 SW 49	ROMEL	(X) Addition	

MIRAMAR, FL 33027

City-St-Zip:

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: EDEL FIGUEREDO P 05/17/2007