

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000007856

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** LA COLONIA MEDICAL CENTER, INC.

**Current Principal Place of Business:**

383 WEST 34 STREET  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

383 WEST 34 STREET  
HIALEAH, FL 33012 US

**New Mailing Address:**

**FEI Number:** 20-4111272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACEVEDO, YENIN  
6501 NW 36 STREET  
SUITE 413  
VIRGINIA GARDENS, FL 33166 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:** P,D  
**Name:** ACEVEDO, YENIN  
**Address:** 6501 NW 36 STREET, STE. 413  
**City-St-Zip:** VIRGINIA GARDENS, FL 33166 US

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:** YENIN ACEVEDO

P

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date