

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000017446

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** J.A.G. MEDICAL CENTER INC.

**Current Principal Place of Business:**

1340 W 68TH STREET  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

1340 W 68TH STREET  
HIALEAH, FL 33014 US

**New Mailing Address:**

**FEI Number:** 20-4801790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, EDGAR  
1340 W 68TH STREET  
HIALEAH, FL 33014 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:** D  
**Name:** GONZALEZ, JOSE A MD  
**Address:** 1340 W 68TH STREET  
**City-St-Zip:** HIALEAH, FL 33014

**Title:** D  
**Name:** GONZALEZ, EDGAR  
**Address:** 1340 W 68TH STREET  
**City-St-Zip:** HIALEAH, FL 33014

**Title:** D  
**Name:** GONZALEZ, MARIA COMAS DE  
**Address:** 1340 W 68TH STREET  
**City-St-Zip:** HIALEAH, FL 33014

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:** EDGAR GONZALEZ

DIR

03/16/2011

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

\_\_\_\_\_  
Date