

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042617

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDA KIDZ & FAMILIES MEDICAL CENTER, INC.

Current Principal Place of Business:

551 E 49TH STREET
FIRST FLOOR
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

11479 SW 40TH STREET
MIAMI, FL 33165

New Mailing Address:

551 E 49TH STREET
FIRST FLOOR
HIALEAH, FL 33013

FEI Number: 22-3922820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERSHMAN, LLOYD
11479 SW 40 ST
MIAMI, FL 33165 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERSHMAN, KENNETH D M.D.
Address: 551 E 49TH STREET FIRST FLOOR
City-St-Zip: HIALEAH, FL 33013

Title: VPD () Delete
Name: HERSHMAN, LLOYD S M.D.
Address: 551 E 49TH STREET FIRST FLOOR
City-St-Zip: HIALEAH, FL 33013

Title: SD () Delete
Name: LOPEZ, MARIA E
Address: 551 E 49TH STREET FIRST FLOOR
City-St-Zip: HIALEAH, FL 33013

Title: T () Delete
Name: TORRENT, MARTA
Address: 551 E 49TH STREET FIRST FLOOR
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARTA TORRENT

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date