

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042617

FILED
Feb 19, 2010
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:

551 E 49TH STREET
FIRST FLOOR
HIALEAH, FL 33013

New Mailing Address:

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

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

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

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

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: MARTA TORRENT

T

02/19/2010

Electronic Signature of Signing Officer or Director

Date