


FILED

07 FEB -7 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # P06000050178 | | | |  | | 07 FEB -7 AM 10: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 1. Entity Name VILLAS MEDICAL CENTER INC. | | | | | | | |
| Principal Place of Business 1443 W FLAGLER ST MIAMI, FL 33135 | | Mailing Address 1443 W FLAGLER ST MIAMI, FL 33135 | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 4. FEI Number 02062007 Chg-P CR2E034 (12/06) | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| FERNANDEZ, JOSE J 6290 NW 2 ST MIAMI, FL 33135 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 700088062377 Trust Fund Contribution. 02/13/07--01001--021 **150.00 | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| P FERNANDEZ, JOSE J 1437 W FLAGLER ST MIAMI, FL 33135 | | | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
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| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | |