2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# P06000050178

Entity Name: VILLAS MEDICAL CENTER INC.

Current Principal Place of Business:

1443 W FLAGLER ST
MIAMI, FL 33135

New Principal Place of Business:

138 NE 1 AVE 2 FLOOR
MIAMI, FL 33132 US

Current Mailing Address:

1443 W FLAGLER ST
MIAMI, FL 33135

New Mailing Address:

138 NE 1 AVE 2 FLOOR
MIAMI, FL 33132 US

FEI Number: 86-1165628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, JOSE J
6290 NW 2 ST
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

LEON, JORGE L
138 NE 1 AVE 2 FLOOR
MIAMI, FL 33132 US

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: JORGE L. LEON 06/22/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FERNANDEZ, JOSE J
Address: 1437 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135

Title: P (X) Delete
Name: FERNANDEZ, JOSE J
Address: 138 NE 1 AVE 2 FLOOR
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEON, JORGE L
Address: 138 NE 1 AVE 2 FLOOR
City-St-Zip: MIAMI, FL 33132

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: JORGE L. LEON P 06/22/2009
Electronic Signature of Signing Officer or Director Date