

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061805

FILED
Mar 10, 2009
Secretary of State

Entity Name: IDEAL MEDICAL CENTER OF MIAMI, INC.

Current Principal Place of Business:

995 NORTH MIAMI BAECH BLVD.
100
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

1490 NW 27TH AVENUE
130
MIAMI, FL 33125

Current Mailing Address:

995 NORTH MIAMI BAECH BLVD.
100
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 20-4792135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, WILFREDO
995 N MIAMI BEACH BLVD. #100
N MIAMI BEACH, FL 33162 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: P () Delete
Name: MOLINA, RODOLFO MD
Address: 4055 VENTURA AVE
City-St-Zip: MIAMI, FL 33133

Title: VP () Delete
Name: BRAVO, OCTAVIO
Address: 11782 SW 92ND TERR.
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: GONZALEZ, WILFREDO
Address: 2200 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33162

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:

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: WILFREDO GONZALEZ

VP

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date