

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90005 014 ***150.00

DOCUMENT # P06000064119

1. Entity Name
E.M.C. MEDICAL CENTER, INC.



Principal Place of Business
6884 WEST 30TH LANE
HIALEAH, FL 33018

Mailing Address
6884 WEST 30TH LANE
HIALEAH, FL 33018

40048637



2. Principal Place of Business - No P.O. Box. #
7480 Fair Way Avenue
Suite, Apt. #, etc.
209

3. Mailing Address
7480 Fair Way Avenue
Suite, Apt. #, etc.
209

03302007 Chg-P CR2E034 (12/06)

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip
33014

Country
USA

Zip
33014

Country
USA

4. FEI Number
65-1278370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATA, JR., ESTEBAN
6884 WEST 30TH LANE
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: *[Signature]* / Esteban Mata / President 3/30/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATA, JR., ESTEBAN 6884 WEST 30TH LANE HIALEAH, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasury Candida R. Matay 5410 West 8th Court Hialeah, FL 33012-2409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* / Esteban Mata 3/30/07 (786)326-6689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR