


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000103804 1. Entity Name C. HIDALGO'S MEDICAL CENTER INC.	
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Principal Place of Business 8181 NW 36 STREET 17 C MIAMI, FL 33166	Mailing Address 8181 NW 36 STREET 17 C MIAMI, FL 33166
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07212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5332150	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HIDALGO, CHRISTIAN 8181 NW 36 STREET STE. 17 C MIAMI, FL 33166
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**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIDALGO, CHRISTIAN 8181 NW 36 STREET MIAMI, FL 33166
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**DO NOT WRITE
IN THIS SPACE**

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08/04/08-80001-006 150.00

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 or other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #