

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114397

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

**Entity Name:** FLORIDIAN MEDICAL CENTER, CORP.

**Current Principal Place of Business:**

2097 W. 76TH STREET  
HIALEAH, FL 33016

**New Principal Place of Business:**

11200 W FLAGLER STREET  
SUITE 204  
MIAMI, FL 33174

**Current Mailing Address:**

2097 W. 76TH STREET  
HIALEAH, FL 33016

**New Mailing Address:**

11200 W FLAGLER STREET  
SUITE 204  
MIAMI, FL 33174

**FEI Number:** 20-5502659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PADRON & ASSOCIATES INC  
2095 W. 76TH STREET  
SUITE 102  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

SANCHEZ, WILLIAM E PTD  
11200 W FLAGLER STREET  
SUITE 204  
MIAMI, FL 33174 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: WILLIAM E. SANCHEZ

04/16/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SANCHEZ, WILLIAM E  
Address: 2097 W. 76TH STREET  
City-St-Zip: HIALEAH, FL 33016

Title: VPSD (X) Delete  
Name: PEREZ, JESUS A  
Address: 2097 W. 76TH STREET  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: SANCHEZ, WILLIAM E  
Address: 11200 W FLAGLER STREET. SUITE 204.  
City-St-Zip: MIAMI, FL 33174

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: WILLIAM E. SANCHEZ

PTD

04/16/2008

Electronic Signature of Signing Officer or Director

Date