2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118070

Entity Name: YGJO MEDICAL CENTER CORP

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
8 LINDSAY CT HIALEAH, FL 33010	US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
8 LINDSAY CT HIALEAH, FL 33010	US			
FEI Number: 20-5518557	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			New Registered Agent:	
GONCE, YAZMIN 11571 NW 88 AVE HIALEAH GARDENS,	FL 33018 US			
The above named enti in the State of Florida.	ty submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Elect	ronic Signature of Registered Ager	nt	Date	
Election Campaign Financ	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P Name: GONCE. YA	()Delete 7MIN	Title: (Name:) Change () Addition	

 Title:
 P
 () Delete
 Title:
 () Change

 Name:
 Address:
 11571 NW 88 AVE
 Address:

 City-St-Zip:
 HIALEAH GARDENS, FL 33018 US
 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: YAZMIN GONCE P 04/15/2009