

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123405

**FILED**  
**Feb 17, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

7200 NW 7 ST, STE 120  
MIAMI, FL 33126

**New Principal Place of Business:**

4177 SW 183 AVENUE  
MIRAMAR, FL 33029 US

**Current Mailing Address:**

7200 NW 7 ST, STE 120  
MIAMI, FL 33126

**New Mailing Address:**

4177 SW 183 AVENUE  
MIRAMAR, FL 33029 US

**FEI Number:** 20-5568429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BITRAGO, PAOLA A  
5581 NE 112 AVENUE  
APT 205  
DORAL, FL 33178 US

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

L & R INTERNATIONAL FIRM INC  
7385 WEST FLAGLER STREET  
MIAMI, FL 33144 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: OSCAR LOPEZ

02/17/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BITRAGO, PAOLA A  
Address: 5581 NW 112 AVE  
City-St-Zip: DORAL, FL 33178

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

Title: P (X) Change ( ) Addition  
Name: BITRAGO, PAOLA A  
Address: 4177 SW 183 AVENUE  
City-St-Zip: MIRAMAR, FL 33029 US

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: PAOLA BITRAGO

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date