

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130175

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: HIALEAH MEDICAL CENTER CORP

## Current Principal Place of Business:

1383 WEST 69 STREET  
HIALEAH, FL 33014

## New Principal Place of Business:

555 EAST 25 ST  
HIALEAH, FL 33013

## Current Mailing Address:

1383 WEST 69 STREET  
HIALEAH, FL 33014

## New Mailing Address:

555 EAST 25 ST  
HIALEAH, FL 33013

FEI Number: 20-5706586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MADERA, EVETTE  
1383 WEST 69 STREET  
HIALEAH, FL 33014 US

## Name and Address of New Registered Agent:

MADERA, EVETTE  
555 EAST 25 ST  
HIALEAH, FL 33013 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: EVETTE MADERA

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MADERA, EVETTE  
Address: 1383 WEST 69 STREET  
City-St-Zip: HIALEAH, FL 33014

Title: VP ( ) Delete  
Name: RAMIREZ, HAYDEE  
Address: 8451 SW 10 CT  
City-St-Zip: PEMBROKE PINES, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MADERA, EVETTE  
Address: 555 EAST 25 ST  
City-St-Zip: HIALEAH, FL 33013

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: EVETTE MADERA

PT

04/30/2007

Electronic Signature of Signing Officer or Director

Date