

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130175

FILED
Apr 02, 2008
Secretary of State

Entity Name: HIALEAH MEDICAL CENTER CORP

Current Principal Place of Business:

555 EAST 25 ST
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

555 EAST 25 ST
HIALEAH, FL 33013

New Mailing Address:

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
555 EAST 25 ST
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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04/02/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date