

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000134106

**FILED**  
**Aug 08, 2008**  
**Secretary of State****Entity Name:** NUREN MEDICAL CENTER, INC.**Current Principal Place of Business:**644 NW 183 ST  
3  
MIAMI, FL 33169**New Principal Place of Business:****Current Mailing Address:**644 NW 183 ST  
3  
MIAMI, FL 33169**New Mailing Address:****FEI Number:** 37-1532529**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HERNANDEZ, HUMBERTO  
644 NW 183 ST  
3  
MIAMI, FL 33169 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

**OFFICERS AND DIRECTORS:****Title:** DP ( ) Delete  
**Name:** HERNANDEZ, HUMBERTO  
**Address:** 644 NW 183 ST SUITE 3  
**City-St-Zip:** MIAMI, FL 33169**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DV ( ) Change (X) Addition  
**Name:** CASTILLO, MARIBEL  
**Address:** 644 NW 183 ST SUITE 3  
**City-St-Zip:** MIAMI, FL 33169

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: MARIBEL CASTILLO

DV

08/08/2008

Electronic Signature of Signing Officer or Director

Date