

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134106

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** NUREN MEDICAL CENTER, INC.

**Current Principal Place of Business:**

8260 WEST FLAGLER ST, STE 2-N  
MIAMI, FL 33144

**New Principal Place of Business:**

8260 WEST FLAGLER ST  
SUITE 2 N  
MIAMI, FL 33144

**Current Mailing Address:**

8260 WEST FLAGLER ST, STE 2-N  
MIAMI, FL 33144

**New Mailing Address:**

8260 WEST FLAGLER ST  
SUITE 2 N  
MIAMI, FL 33144

**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:**

HERNANDEZ, HUMBERTO  
8260 WEST FLAGLER ST  
SUITE 2 N  
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:** HUMBERTO HERNANDEZ

01/07/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** HERNANDEZ, HUMBERTO  
**Address:** 8260 WEST FLAGLER SUITE 2 N  
**City-St-Zip:** MIAMI, FL 33144

**Title:** DV  
**Name:** CASTILLO, MARIBEL  
**Address:** 8260 WEST FLAGLER SUITE 2 N  
**City-St-Zip:** MIAMI, FL 33144

I hereby 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 all other like empowered.

**SIGNATURE:** HUMBERTO HERNANDEZ

DP

01/07/2010

Electronic Signature of Signing Officer or Director

Date