

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000145394

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** AHKA MEDICAL CENTER CORP.

**Current Principal Place of Business:**

10454 NW 31 TERR  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10454 NW 31 TERR  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 20-8190884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUTIERREZ, JAIME  
10454 NW 31 TERR  
MIAMI, FL 33172 US

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

RAMIREZ, JULIO A  
10454 NW 31 TERR  
MIAMI, FL 33172 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: JULIO RAMIREZ

04/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAMIREZ, JULIO  
Address: 10454 NW 31 TERR  
City-St-Zip: MIAMI, FL 33172

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: JULIO RAMIREZ

PD

04/02/2010

Electronic Signature of Signing Officer or Director

Date