

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002421

FILED
Apr 13, 2009
Secretary of State

Entity Name: FARMERS MEDICAL CENTER, INC.

Current Principal Place of Business:

3750 WEST 16 AVE., SUITE #232-U
HIALEAH, FL 33013

New Principal Place of Business:

6175 NW 167 STREET
SUITE G-20
MIAMI, FL 33015

Current Mailing Address:

3750 WEST 16 AVE., SUITE #232-U
HIALEAH, FL 33013

New Mailing Address:

6175 NW 167 STREET
SUITE G-20
MIAMI, FL 33015

FEI Number: 20-8139654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMAS, MARIA E
245 EAST 58 ST
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

GONZALEZ-PEREZ, EDUARDO
17245 NW 87 AVE
HIALEAH, FL 33015 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: EDUARDO GONZALEZ-PEREZ

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMAS, MARIA E
Address: 245 EAST 58 STREET
City-St-Zip: HIALEAH, FL 33013

Title: VP (X) Delete
Name: LLERENA, JUSTO L
Address: 10645 SW 7 TERRACE
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ-PEREZ, EDUARDO
Address: 17245 NW 87 AVE
City-St-Zip: HIALEAH, FL 33015

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: EDUARDO GONZALEZ-PEREZ

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04/13/2009

Electronic Signature of Signing Officer or Director

Date