

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013060

FILED
Apr 13, 2009
Secretary of State

Entity Name: PINES MEDICAL CENTER, PA

Current Principal Place of Business:

601 N FLAMINGO RD
311
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

601 N FLAMINGO RD
311
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

601 N FLAMINGO RD
405
PEMBROKE PINES, FL 33028 US

New Mailing Address:

601 N FLAMINGO RD
405
PEMBROKE PINES, FL 33028 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, ERNESTO
601 N FLAMINGO RD
311
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

FUENTES, ERNESTO
601 N FLAMINGO RD
405
PEMBROKE PINES, FL 33028 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: 04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUENTES, ERNESTO
Address: 601 N FLAMINGO RD STE311
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FUENTES, ERNESTO
Address: 601 N FLAMINGO RD STE405
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: ERNESTO FUENTES P 04/13/2009

Electronic Signature of Signing Officer or Director

Date