2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P07000013060

Entity Name: PINES MEDICAL CENTER, PA

Current Principal Place of Business:

601 N FLAMINGO RD
405
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

601 N FLAMINGO RD
405
PEMBROKE PINES, FL 33028 US

New Mailing Address:

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
405
PEMBROKE PINES, FL 33028 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: P
Name: FUENTES, ERNESTO
Address: 601 N FLAMINGO RD STE405
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP
Name: PERRY, ROBERT
Address: 601 N FLAMINGO RD STE405
City-St-Zip: PEMBROKE PINES, FL 33028

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: ROBERT PERRY VP 02/17/2011

Electronic Signature of Signing Officer or Director Date