

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000120206

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** MIAMI REGIONAL HEALTH SERVICES, INC.

**Current Principal Place of Business:**

11231 NW 20 STREET UNIT 140  
SUITE 312  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

11231 NW 20 STREET UNIT 140  
SUITE 312  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 22-3971521      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MEDINA, LAZARO L  
11231 NW 20 STREET UNIT 140  
SUITE 312  
MIAMI, FL 33172 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: PD  
Name: MEDINA, LAZARO L  
Address: 11231 NW 20 STREET UNIT 140 # 312  
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: LAZARO L MEDINA

PD

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date