

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000007733

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** LETABEL MEDICAL CENTER, INC

**Current Principal Place of Business:**

719 EAST 9 STREET  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

719 EAST 9 STREET  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 26-1876921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARIDAD PLACER, LETYCIA D  
719 EAST 9 STREET  
HIALEAH, FL 33010 US

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

ABREU, ALBERTO  
719 EAST 9 STREET  
HIALEAH, FL 33010 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:** ALBERTO ABREU

02/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ABREU, ALBERTO  
**Address:** 719 EAST 9 STREET  
**City-St-Zip:** HIALEAH, FL 33010

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:** ALBERTO ABREU

PD

02/02/2012

Electronic Signature of Signing Officer or Director

Date