

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015923

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: N. DANIEL'S MEDICAL CENTER, INC.

## Current Principal Place of Business:

7392 NW 35 TERRACE  
SUITE 307  
MIAMI, FL 33122

## New Principal Place of Business:

## Current Mailing Address:

7392 NW 35 TERRACE  
SUITE 307  
MIAMI, FL 33122

## New Mailing Address:

FEI Number: 26-1971925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DANIEL, NORA L  
7392 NW 35 TERRACE  
SUITE 307  
MIAMI, FL 33122 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DANIEL, NORA L  
Address: 7392 NW 35 TERRACE, SUITE 307  
City-St-Zip: MIAMI, FL 33122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NORA L DANIEL

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date