

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000026810

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** MARTIN MEDICAL CENTER, INC.

**Current Principal Place of Business:**

14285 SW 42 ST  
SUITE 204  
MIAMI, FL 33175

**New Principal Place of Business:**

325 S. BISCAYNE BLVD.  
APT 3219  
MIAMI, FL 33131

**Current Mailing Address:**

14285 SW 42 ST  
SUITE 204  
MIAMI, FL 33175

**New Mailing Address:**

325 S. BISCAYNE BLVD.  
APT 3219  
MIAMI, FL 33131

**FEI Number:** 26-2177641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BEST VISION ACCOUNTING, CORP  
14285 SW 42 ST SUITE 204  
MIAMI, FL 33175 US

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

MARTIN, YANELIS  
325 S. BISCAYNE BLVD  
APT 3219  
MIAMI, FL 33131 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: YANELIS MARTIN

03/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MARTIN, YANELIS  
Address: 325 S. BISCAYNE BLVD APT 3219  
City-St-Zip: MIAMI, FL 33131

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: YANELIS MARTIN

D

03/15/2011

Electronic Signature of Signing Officer or Director

Date