2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000072991

Entity Name: DE LA PAZ MEDICAL CENTER, P.A.

FILED Sep 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4150 N W 7 STREET 3701 SW 87 AVE 203 MIAMI, FL 33165

MIAMI, FL 331265535

Current Mailing Address: New Mailing Address:

4150 N W 7 STREET 3701 SW 87 AVE 203 MIAMI, FL 33165

MIAMI, FL 331265535

FEI Number: 32-0257889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DE LA PAZ, SANTOS 4150 N W 7 STREET 203

MIAMI, FL 331265535 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:

Electronic Signature of Registered Agent Date

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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 DE LA PAZ, SANTOS MD
 Name:
 DE LA PAZ, SANTOS MD

 Address:
 4150 N W 7 STREET; # 203
 Address:
 3701 SW 87 AVE

 City-St-Zip:
 MIAMI, FL 331265535
 City-St-Zip:
 MIAMI, FL 33165

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: SANTOS T DE LA PAZ PRES 09/14/2009