

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000109260

FILED
Nov 10, 2009
Secretary of State**Entity Name:** EXELSIOR MEDICAL CENTER, INC.**Current Principal Place of Business:**16260 NE 13TH AVENUE
NORTH MIAMI BEACH, FL 33162**New Principal Place of Business:**951 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**16260 NE 13TH AVENUE
NORTH MIAMI BEACH, FL 33162**New Mailing Address:**951 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162**FEI Number:** 26-3884084**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DWYER, GRACE A MD
16260 NE 13TH AVENUE
NORTH MIAMI BEACH, FL 331762 US**Name and Address of New Registered Agent:**TIRADO, ALEX
951 NE 163TH STREET
NORTH MIAMI BEACH, FL 33162 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: ALEX TIRADO

11/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: DWYER, GRACE A MD
Address: 16260 NE 13TH AVENUE
City-St-Zip: MIAMI, FL 33165**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: DWYER, GRACE A MD
Address: 951 NE 167TH STREET
City-St-Zip: MIAMI, FL 33165**Title:** P () Change (X) Addition
Name: TIRADO, ALEX
Address: 951 NE 167TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33167

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: ALEX TIRADO

P

11/10/2009

Electronic Signature of Signing Officer or Director

Date