

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000109260

FILED
Jan 06, 2011
Secretary of State

Entity Name: EXELSIOR MEDICAL CENTER, INC.

Current Principal Place of Business:

951 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

951 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 26-3884084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIEVES, ALEXANDER T
951 NE 163TH STREET, STE 102
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

NIEVES, ALEXANDER
951 NE 163TH STREET, STE 102
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: ALEXANDER NIEVES

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: DWYER, GRACE A MD
Address: 951 NE 167TH STREET, STE 102
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D
Name: NIEVES, ALEXANDER
Address: 951 NE 167TH STREET, STE 102
City-St-Zip: NORTH MIAMI BEACH, FL 33165

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: ALEXANDER NIEVES

D

01/06/2011

Electronic Signature of Signing Officer or Director

Date