

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000009310

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

6705 RED ROAD  
SUITE 516  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

7300 SW 93RD AVENUE  
SUITE 210  
MIAMI, FL 33173

**Current Mailing Address:**

6705 RED ROAD  
SUITE 516  
CORAL GABLES, FL 33143

**New Mailing Address:**

7300 SW 93RD AVENUE  
SUITE 210  
MIAMI, FL 33173

**FEI Number:** 26-4158848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARDISA, ROSELIND H D.O.  
6705 RED ROAD  
SUITE 516  
CORAL GABLES, FL 33143 US

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

BARDISA, ROSELIND H D.O.  
7300 SW 93RD AVENUE  
SUITE 210  
MIAMI, FL 33173 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: ROSELIND H BARDISA, DO

03/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARDISA, ROSELIND  
Address: 7300 SW 93RD AVENUE SUITE 210  
City-St-Zip: MIAMI, FL 33173

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: ROSELIND H BARDISA, DO

P

03/22/2010

Electronic Signature of Signing Officer or Director

Date