

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000055210

FILED
Apr 19, 2011
Secretary of State

Entity Name: LAWRENCE MEDICAL CENTER INC

Current Principal Place of Business:

1275 W 47TH PLACE
443
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1275 W 47TH PLACE
443
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 27-0439705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHECHTMAN, LAWRENCE E
1275 W 47 PLACE
443
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: SCHECHTMAN, LAWRENCE E
Address: 1275 W 47TH PLACE
City-St-Zip: HIALEAH, FL 33012

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: LAWRENCE SCHECHTMEN

P

04/19/2011

Electronic Signature of Signing Officer or Director

Date