

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000080799

FILED
Apr 14, 2011
Secretary of State

Entity Name: MEDICAL CENTER OF WEST MIAMI INC.

Current Principal Place of Business:

6469 SW 8TH STREET
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

6469 SW 8TH STREET
MIAMI, FL 33144

New Mailing Address:

FEI Number: 27-1027742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERENGUER, RAMON A
6469 SW 8TH STREET
MIAMI, FL 33144 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: VD
Name: MUNOZ, LAZARO O
Address: 6469 SW 8TH STREET
City-St-Zip: MIAMI, FL 33144

Title: P
Name: BERENGUER, RAMON A
Address: 6469 SW 8TH STREET
City-St-Zip: MIAMI, FL 33144

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: RAMON A BERENGUER

PD

04/14/2011

Electronic Signature of Signing Officer or Director

Date