

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000003605

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

5590 W 20TH AVE #101B  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

5590 W 20TH AVE #101B  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 27-1660764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITANO, MARIO EUGENIO MD  
5590 W 20TH AVE #101B  
HIALEAH, FL 33016 US

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

RLB FINANCIAL SERVICES INC  
16115 SW 117TH AVENUE  
14A  
MIAMI, FL 33177 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:** RLB FINANCIAL SERVICES

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARISELA JAQUEZ -, GUTIERREZ MD  
**Address:** 5590 W 20TH AVE #101B  
**City-St-Zip:** HIALEAH, FL 33016

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:** MARISELA JAQUEZ-GUTIERREZ, MD

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date