

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000019268

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

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

**Current Principal Place of Business:**

16681 SW 78 TERRCE  
MIAMI, FL 33193 DA

**New Principal Place of Business:**

**Current Mailing Address:**

16681 SW 78 TERRCE  
MIAMI, FL 33193 DA

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENENDEZ, FRAIDA  
16681 SW 78 TERRACE  
MIAMI, FL, FL 33193 US

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

MENENDEZ, FRAIDA  
16681 SW 78 TERRACE  
MIAMI, FL 33193 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENENDEZ, FRAIDA  
Address: 16681 SW 78 TERRACE  
City-St-Zip: MIAMI, FL 33193 DA

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: FRAIDA MENENDEZ

P

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date