

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000023701

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** PRESTIGE MEDICAL CENTER INC

**Current Principal Place of Business:**

932 SW 82 AVE  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

932 SW 82 AVE  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 27-2121609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DE JESUS MARTINEZ, IVAN  
10835 SW 145 CT  
MIAMI, FL 33186 US

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

DE JESUS MARTINEZ, IVAN  
8917 NW 178 ST  
HIALEAH, FL 33018 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:** IVAN DE JESUS MARTINEZ

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** DE JESUS MARTINEZ, IVAN  
**Address:** 8917 NW 178 ST  
**City-St-Zip:** HIALEAH, FL 33018

**Title:** VPS  
**Name:** DE JESUS MARTINEZ, IVAN  
**Address:** 8917 NW 178 ST  
**City-St-Zip:** HIALEAH, FL 33018

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:** IVAN DE JESUS MARTINEZ

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date