

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034774

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

**FILED**  
Jun 07, 2011  
**Secretary of State**

**Current Principal Place of Business:**

782 N.W. 42ND AVE., STE 348  
MIAMI, FL 22126

**New Principal Place of Business:**

**Current Mailing Address:**

782 N.W. 42ND AVE., STE 348  
MIAMI, FL 22126

**New Mailing Address:**

FEI Number: 27-2418552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DAVILA, JOSE A  
782 NW 42ND AVE STE 348  
MIAMI, FL 22126 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: PD  
Name: DAVILA, JOSE A  
Address: 782 N.W. 42ND AVE., STE 348  
City-St-Zip: MIAMI, FL 22126

Title: VD  
Name: VALDES, MIRELYS  
Address: 782 N.W. 42ND AVE., STE 348  
City-St-Zip: MIAMI, FL 22126

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: JOSE A. DAVILA

Electronic Signature of Signing Officer or Director

PD

06/07/2011

Date