2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# P10000068850

Entity Name: CARDENAS MEDICAL CENTER INC

Current Principal Place of Business:

1518 E MOWRY DR, BLDG 9, APT 203
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

PO BOX 901316
HOMESTEAD, FL 33033

New Mailing Address:

PO BOX 901316
HOMESTEAD, FL 33090

FEI Number: 37-1608953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARDENAS-SANTANA, MIGUEL
1518 E MOWRY DR, BLDG 9, APT 203
HOMESTEAD, FL 33033 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: CARDENAS-SANTANA, MIGUEL
Address: 1518 E MOWRY DR, BLDG 9, APT 203
City-St-Zip: HOMESTEAD, FL 33033

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: MIGUEL A. CARDENAS-SANTANA OWNE 04/30/2011

Electronic Signature of Signing Officer or Director Date