

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000068958

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** MY FLORIDA MEDICAL CENTERS CORP

**Current Principal Place of Business:**

6095 NW 72 AVE  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6095 NW 72 AVE  
MIAMI, FL 33166

**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:**

BARCELO, ALFREDO  
6095 NW 72 AVE  
MIAMI, FL 33166 US

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

DIXAN ENTERPRISES INC  
6095 NW 72 AVE  
MIAMI, FL 33166 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: DIXAN ENTERPRISES INC

01/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: DIXAN ENTERPRISES INC  
Address: 6095 NW 72 AVE  
City-St-Zip: MIAMI, FL 33166

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: DIXAN ENTERPRISES INC

DR

01/24/2012

Electronic Signature of Signing Officer or Director

Date