

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000074061

**FILED**  
**Nov 20, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1150 NW 72 AVE  
SUITE 220  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

1150 NW 72 AVE  
SUITE 220  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 80-0642365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, GUSTAVO  
1150 NW 72 AVE  
SUITE 220  
MIAMI, FL 33126 US

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

RODRIGUEZ GONZALEZ, LEONEL  
1150 NW 72 AVE  
SUITE 220  
MIAMI, FL 33126 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: LEONEL RODRIGUEZ GONZALEZ

11/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ GONZALEZ, LEONEL  
Address: 1150 NW 72 AVE SUITE 220  
City-St-Zip: MIAMI, FL 33126

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: LEONEL RODRIGUEZ GONZALEZ

PD

11/20/2011

Electronic Signature of Signing Officer or Director

Date