

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000074973

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

**Entity Name:** UNIDAD MEDICO QUIRURGICA 60 CORP

**Current Principal Place of Business:**

2213 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 US

**New Principal Place of Business:**

2750 JOCKEY CIRCLE EAST  
DAVIE, FL 33330 US

**Current Mailing Address:**

2213 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 US

**New Mailing Address:**

2750 JOCKEY CIRCLE EAST  
DAVIE, FL 33330 US

**FEI Number:** 27-3466060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DA SILVA SUAREZ, ANGELINA  
2213 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 US

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

DA SILVA SUAREZ, ANGELINA  
2750 JOCKEY CIRCLE EAST  
DAVIE, FL 33330 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: ANGELINA DA SILVA SUAREZ

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DA SILVA SUAREZ, ANGELINA  
Address: 2750 JOCKEY CIRCLE EAST  
City-St-Zip: DAVIE, FL 33330 US

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: ANGELINA DA SILVA SUAREZ

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date