

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000076167

**FILED**  
**May 06, 2011**  
**Secretary of State**

**Entity Name:** DADELAND NORTH MEDICAL CENTER, INC

**Current Principal Place of Business:**

900 WEST 49TH STREET  
SUITE 234  
HIALEAH, FL 33014

**New Principal Place of Business:**

**FILING CANCELLED**  
**RETURNED CHECK**

**Current Mailing Address:**

900 WEST 49TH STREET  
SUITE 234  
HIALEAH, FL 33014

**New Mailing Address:**

**FEI Number:** 27-3492710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERRERA, RAYXEL  
900 WEST 49TH STREET  
SUITE 234  
HIALEAH, FL 33014 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:** P  
**Name:** HERRERA, RAYXEL  
**Address:** 900 WEST 49TH STREET # 234  
**City-St-Zip:** HIALEAH, FL 33014

**Title:** VP  
**Name:** GARCIA, JORGE  
**Address:** 900 WEST 49TH STREET # 234  
**City-St-Zip:** HIALEAH, FL 33014

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:** RAYXEL HERRERA

P

05/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date