

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000091527

Entity Name: VILLALBA MEDICAL CENTER, CORP

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

301 FLORIDA BLVD  
MIAMI, FL 33144 US

**New Principal Place of Business:**

42 NW 27 AVE  
413  
MIAMI, FL 33125 US

**Current Mailing Address:**

301 FLORIDA BLVD  
MIAMI, FL 33144 US

**New Mailing Address:**

FEI Number: 27-3933134      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BODE VILLALBA, SONIA  
301 FLORIDA BLVD  
MIAMI, FL 33144 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: MEDEROS, JORGE L  
Address: 4848 NW 116 CT  
City-St-Zip: DORAL, FL 33178 US

Title: VP  
Name: BODE VILLALBA, SONIA  
Address: 301 FLORIDA BLVD  
City-St-Zip: MIAMI, FL 33144 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: SONIA BODE VILLALBA

VP

04/29/2011

Electronic Signature of Signing Officer or Director

Date