

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000095215

FILED
Jan 05, 2012
Secretary of State

Entity Name: GABLES MEDICAL CENTER CORP.

Current Principal Place of Business:

717 PONCE DE LEON BLVD
SUITE 202
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

717 PONCE DE LEON BLVD
SUITE 202
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 27-4033671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, OMAR
717 PONCE DE LEON BLVD
SUITE 202
CORAL GABLES, FL 33134 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: REYES, OMAR
Address: 717 PONCE DE LEON BLVD., STE 202
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: NIETO, LUIS
Address: 717 PONCE DE LEON BLVD., SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

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: OMAR REYES

P

01/05/2012

Electronic Signature of Signing Officer or Director

Date