

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000099683

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** A & A MEDICAL CENTER OF CORAL SPRINGS INC.

**Current Principal Place of Business:**

3001 CORAL HILLS DRIVE  
170  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

1528 NW 100 DR.  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

3001 CORAL HILLS DRIVE  
170  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

1528 NW 100 DR.  
CORAL SPRINGS, FL 33071

**FEI Number:** 27-4213923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARGUELLO, SERGIO SR  
3301 CORAL HILLS DRIVE  
170  
CORAL SPRINGS, FL 33065 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: ARGUELLO, SERGIO SR  
Address: 1528 NW 100DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP  
Name: ARGUELLO, SERGIO SR  
Address: 1528 NW 100 DR.  
City-St-Zip: CORAL SPRINGS, FL 33071

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: SERGIO ARGUELLO

PRES

04/18/2012

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

\_\_\_\_\_  
Date