

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000019172

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** FORT LAUDERDALE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1234 NE 4 AVENUE., #B  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

437 E ATLANTIC BLVD.,  
#2  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

437 E ATLANTIC BLVD  
#2  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 27-5305874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AQUINO, ANTHONY  
7281 SIDONIA CT  
BOCA RATON, FL 33433 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: D  
Name: AQUINO, ANTHONY  
Address: 1725 E COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33334

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: ANTHONY AQUINO

PRES

04/24/2012

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

\_\_\_\_\_  
Date