

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000022710

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** PAL MEDICAL CENTER CORP

**Current Principal Place of Business:**

1498 NW 15 ST  
501  
MIAMI, FL 331255 US

**New Principal Place of Business:**

**Current Mailing Address:**

1498 NW 15 ST  
501  
MIAMI, FL 331255 US

**New Mailing Address:**

**FEI Number:** 27-5462107      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HAWKINS, EDWARD  
670 NW 6 ST  
111  
MIAMI, FL 33136 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: SICILIA, PABLO  
Address: 1498 NW 15 ST 501  
City-St-Zip: MIAMI, FL 33125 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: PABLO SICILIA

PRES

04/05/2012

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

\_\_\_\_\_  
Date