

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000030672

FILED
Jan 11, 2012
Secretary of State

Entity Name: CENTRO DE CUIDADOS MEDICOS Y CIRUGIA RECONSTRUCTIVA EL BUEN PASTOR INC

Current Principal Place of Business:

4264 SW 13 TERRACE
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

4264 SW 13 TERRACE
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 45-1181261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHIL CORREA, MARY Y
4264 SW 13 TERRACE
MIAMI, 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: KAHIL CORREA, MARY Y
Address: 4264 SW 13 TERRACE
City-St-Zip: MIAMI, FL 33134 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: MARY Y KAHIL CORREA

PD

01/11/2012

Electronic Signature of Signing Officer or Director

Date