# 2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Mar 30, 2012**
**Secretary of State**

DOCUMENT# P11000093469

**Entity Name:** CALIXTE MEDICAL CENTER INC.

**Current Principal Place of Business:**

8910 MIRAMAR PARKWAY.
117
MIRAMAR, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

6729 CAMELIA DR.
MIRAMAR, FL 33023 US

**New Mailing Address:**

**FEI Number: 30-0705258** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CALIXTE, HAROLD
6729 CAMELIA DR
MIRAMAR, FL 33023 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: CALIXTE, HAROLD
Address: 6729 CAMELIA DR
City-St-Zip: MIRAMAR, FL 33023

Title: VP
Name: NANCY, ALEXIS-CALIXTE
Address: 6729 CAMELIA DR
City-St-Zip: MIRAMAR, FL 33023

Title: DR
Name: YOLAINE MARIE CHAMBLIN, MD.
Address: 8910 MIRAMAR PKYW SUITE 117
City-St-Zip: MIRAMAR, FL 33025

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: HAROLD CALIXTE MR 03/30/2012

Electronic Signature of Signing Officer or Director Date