

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076674

FILED
Jan 16, 2012
Secretary of State

Entity Name: BERAJA MEDICAL INSTITUTE INC.

Current Principal Place of Business:

2550 DOUGLAS RD
SUITE 300
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2550 DOUGLAS RD
SUITE 300
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0449441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERAJA, MATILDE
2550 DOUGLAS ROAD
CORAL GABLES, 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: D
Name: BERAJA, ROBERTO MD
Address: 2550 DOUGLAS RD SUITE 300
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: BERAJA, VICTOR MD
Address: 2550 DOUGLAS RD SUITE 300
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: BERAJA, ISIDORO
Address: 2550 DOUGLAS ROAD SUITE 300
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: BERAJA, MATILDE
Address: 2550 DOUGLAS ROAD SUITE 300
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: BERAJA, ESTHER
Address: 2550 DOUGLAS ROAD SUITE 300
City-St-Zip: CORAL GABLES, FL 33134

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: MATILDE BERAJA

D

01/16/2012

Electronic Signature of Signing Officer or Director

_____ Date