

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002405

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** TRAUMA & FAMILY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

2281-2283 SW 27 AVE  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

2281-2283 SW 27 AVE  
MIAMI, FL 33145 US

**New Mailing Address:**

**FEI Number:** 65-0460234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOMEZ, MARIA A  
8150 SW 72 STREET  
MIAMI, FL 33143 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOMEZ, MARIA A  
Address: 8150 SW 72 STREET  
City-St-Zip: MIAMI, FL 33143

Title: V ( ) Delete  
Name: CAZARES, MARIA  
Address: 2450 SW 59 AVE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** MARIA GOMEZ

P

04/01/2009

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

\_\_\_\_\_  
Date