

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002457

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** COCONUT GROVE MEDICAL CORPORATION

**Current Principal Place of Business:**

2250 S DIXIE HWY  
SILVER BLUFF MEDICAL CENTER  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

2250 S DIXIE HWY  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2250 S DIXIE HWY  
SILVER BLUFF MEDICAL CENTER  
COCONUT GROVE, FL 33133

**New Mailing Address:**

2250 S DIXIE HWY  
COCONUT GROVE, FL 33133

FEI Number: 65-0470484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAIGE, ROBERT E ESQ  
2151 LEJEUNE RD  
SUITE 309-A  
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: JOHNSON, MICHAEL E MD  
Address: 2250 S DIXIE HWY  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D  
Name: HUGHES, ANDREA KELLY  
Address: 2250 S DIXIE HWY  
City-St-Zip: COCONUT GROVE, FL 33133

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: A.K. HUGHES

D

01/10/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date