

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000016228

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** 8TH STREET MEDICAL CENTER, INC.

**Current Principal Place of Business:**

825 SW 87 AVE.  
2ND FLOOR STE C  
MIAMI, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

825 SW 87 AVE.  
2ND FLOOR STE C  
MIAMI, FL 33174 US

**New Mailing Address:**

**FEI Number:** 65-0466622      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CRUZ, ROBERTO F M.D.  
5378 W. 16 AVE  
HIALEAH, FL 33012 US

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

CRUZ, ROBERTO F M.D.  
825 S.W. 87TH AVENUE  
SUITE B  
MIAMI, FL 33174 US

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:** ROBERTO E. CRUZ

04/30/2007

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** CRUZ, ROBERTO E M.D.  
**Address:** 5378 W. 16 AVE  
**City-St-Zip:** HIALEAH, FL 33012

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

**Title:** P (X) Change ( ) Addition  
**Name:** CRUZ, ROBERTO E M.D.  
**Address:** 825 S.W. 87TH AVENUE, SUITE B  
**City-St-Zip:** MIAMI, FL 33174

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:** ROBERTO E. CRUZ, M.D.

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date