

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048879

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: EVELYN MEDICAL CENTER INC.

## Current Principal Place of Business:

1840 W. 49TH ST., STE. 227  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 430732  
MIAMI, FL 33243

## New Mailing Address:

1840 W. 49TH ST., STE. 227  
HIALEAH, FL 33012

FEI Number: 65-0502636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARRALERO, ERNESTO M  
1840 W. 49TH ST., STE. 227  
HIALEAH, FL 33012 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: PD ( ) Delete  
Name: CARRALERO, ERNESTO M  
Address: POST OFFICE BOX 430732  
City-St-Zip: MIAMI, FL 33243

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CARRALERO, ERNESTO M  
Address: 1840 W. 49TH ST., STE. 227  
City-St-Zip: HIALEAH, FL 33012

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: ERNESTO M. CARRALERO

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date