## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000021058

Entity Name: R.C. MEDICAL CENTER INC.

FILED Apr 30, 2008 Secretary of State

Current Pr	incipal Place	of Business:	New Principa	New Principal Place of Business:		
800 PALM	AVENUE					
A HIALEAH, I	FL 33010 L	JS				
Current Mailing Address:			New Mailing	New Mailing Address:		
7200 W. 18TH AVENUE HIALEAH, FL 33014			Α	800 PALM AVENUE A HIALEAH, FL 33010 US		
FEI Number: 65-0569208 FEI Number Applied For ( ) FEI Nu		FEI Number Not Applicab	ble ( ) Certificate of Status Desired (	)		
Name and	Address of C	urrent Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
HIALEAH, I	TH AVENUE FL 33014 L named entity s	JS ubmits this statement for the	purpose of changing its re	registered office or registered agent, or	both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	ent	Date		
Election Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () PEREZ, RAUL 7200 W. 18TH A HIALEAH, FL 33		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	STD () PEREZ, RENE 95 E 12 STREE HIALEAH, FL 33		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

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: RAUL PEREZ PD 04/30/2008