

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040892

FILED  
Apr 04, 2005  
Secretary of State

Entity Name: ASSOCIATED MEDICAL CENTERS, INC.

**Current Principal Place of Business:**

3776 WEST 12 AVE.  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

3776 WEST 12 AVE.  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-0582296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RODRIGUEZ, RAFAEL E JR  
9500 SOUTH DADELAND BLVD  
SUITE 508  
MIAMI, FL 33156 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: PTD ( ) Delete  
Name: PEREZ DE GRACIA, ANIBAL  
Address: 907 SW 118 COURT  
City-St-Zip: MIAMI, FL 33184

Title: VSD ( ) Delete  
Name: PEREZ DE GRACIA, LILIANA  
Address: 907 SW 118 COURT  
City-St-Zip: MIAMI, FL 33184

**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 for the exemption stated in Section 119.07(3)(i), 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: LILIANA PEREZ DE GRACIA

VSD

04/04/2005

Electronic Signature of Signing Officer or Director

Date