

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000025879

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** ALVIJA MEDICAL CENTER, INC.

**Current Principal Place of Business:**

3472 FOREST HILL BLVD.  
2C  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

3472 FOREST HILL BLVD.  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

3472 FOREST HILL BLVD.  
2C  
WEST PALM BEACH, FL 33406

**FEI Number:** 65-0651819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILLA, ALBERTO M  
1794 TROTTER CT  
WELLINGTON, FL 33414 US

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

VILLA, ANA M  
1794 TROTTER CT  
WELLINGTON, FL 33414 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:** ANA MARIA VILLA

01/08/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** VILLA, ANA M  
**Address:** 3472 FOREST HILL BLVD #2  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** V  
**Name:** VILLA, ALBERTO M M.D.  
**Address:** 3472 FOREST HILL BLVD, STE 2C  
**City-St-Zip:** WEST PALM BEACH, FL 33406

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:** ANA MARIA VILLA

PST

01/08/2010

Electronic Signature of Signing Officer or Director

Date