


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM  
Secretary of State

DOCUMENT # P96000073146		
1. Entity Name BISCAYNE PARK MEDICAL CENTER, INC.		
Principal Place of Business 11900 W. DIXIE HIGHWAY MIAMI, FL 33161-6110	Mailing Address 11900 W. DIXIE HIGHWAY MIAMI, FL 33161-6110	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  COFINO, PEDRO A ESQUIRE 407 LINCOLN ROAD SUITE 2B MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and 11% if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IRIBAR, MANUEL M.D. 11900 W. DIXIE HIGHWAY MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALVAREZ, RAUL 11900 W. DIXIE HIGHWAY MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/18/06</u> Daytime Phone # <u>(954) 926-2900</u>



01092006 No Chg-P CR2E034 (11/05)

4. FCI Number 65-0725419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000518504  
05/02/06-80012-018 150.00

DO NOT WRITE  
IN THIS SPACE