


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P96000073146 1. Entity Name BISCAYNE PARK MEDICAL CENTER, INC.	
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Principal Place of Business 11900 W. DIXIE HIGHWAY MIAMI, FL 33161-6110	Mailing Address 11900 W. DIXIE HIGHWAY MIAMI, FL 33161-6110
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DO NOT WRITE IN THIS SPACE



03162007 No Chg-P CR2E034 (11/05)

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

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 _____
Signature, handwritten name of registered agent or authorized officer (NOTE: Registered Agent's signature required when changing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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04/24/07-80143-008 150.00

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:  **MANUEL IRIBAR** **4/12/07 (305) 685-8899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER