

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000073146

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** BISCAYNE PARK MEDICAL CENTER, INC.

**Current Principal Place of Business:**

11900 W. DIXIE HIGHWAY  
MIAMI, FL 331616110

**New Principal Place of Business:**

**Current Mailing Address:**

11900 W. DIXIE HIGHWAY  
MIAMI, FL 331616110

**New Mailing Address:**

**FEI Number:** 65-0725419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COFINO, PEDRO A ESQUIRE  
407 LINCOLN ROAD  
SUITE 2B  
MIAMI BEACH, FL 33139 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: IRIBAR, MANUEL M.D.  
Address: 11900 W. DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33161

Title: D  
Name: ALVAREZ, RAUL  
Address: 11900 W. DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33161

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: MANUEL IRIBAR, M.D.

PRES

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date