

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000081170

1. Entity Name
MIAMI HANG CENTER, INC.



Principal Place of Business
8905 SW 87TH AVE
STE 101
MIAMI, FL 33176-2227 US

Mailing Address
8905 S.W. 87TH AVENUE
SUITE 101
MIAMI, FL 33176 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0811130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORBAY, JORGE L M.D.
8905 S.W. 87TH AVENUE
SUITE 101
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ORBAY, JORGE L M.D.
STREET ADDRESS 8905 S.W. 87TH AVENUE, SUITE 101
CITY-ST-ZIP MIAMI, FL 33176

TITLE ST ☐ Delete
NAME KHOUPI, ROGER K M.D.
STREET ADDRESS 8905 S.W. 87TH AVENUE, SUITE 101
CITY-ST-ZIP MIAMI, FL 33176

TITLE VP ☐ Delete
NAME BADIA, ALEJANDRO M.D.
STREET ADDRESS 8905 S.W. 87TH AVENUE, SUITE 101
CITY-ST-ZIP MIAMI, FL 33176

TITLE JO ☐ Delete
NAME HERNANDEZ, EDUARDO G MD
STREET ADDRESS 8905 SW 87TH AVE
CITY-ST-ZIP MIAMI, FL 331762227

TITLE JO ☐ Delete
NAME ALEX, STEPHEN MD
STREET ADDRESS 8905 SW 87TH AVE
CITY-ST-ZIP MIAMI, FL 331762227

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000922737
CITY-ST-ZIP 05/16/08-80002-019 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Daytime Phone #