


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000042672		
1. Entity Name EAST WEST MEDICAL CENTER, INC.		
Principal Place of Business 431 W VINE STREET 104 KISSIMMEE, FL 34741 US	Mailing Address 431 W VINE STREET 104 KISSIMMEE, FL 34741 US	



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3446989	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

**DO NOT WRITE
IN THIS SPACE**

MAI-NGUYEN, MARY T
EAST WEST MEDICAL CENTER
431 W VINE STREET, SUITE 104
KISSIMMEE, FL 34741

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 _____ (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	PSD
NAME	MAI-NGUYEN, MARY T
STREET ADDRESS	431 W. VINE ST.
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000922412
05/15/08-80045-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

04/14/08 (407) 873-5686
Date Daytime Phone #