

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P97000078297

1. Entity Name
M.F. FERNANDEZ M.D.-KELLY MEDICAL CENTER CO.
INC.



Principal Place of Business
29613 SW 162ND AVE
HOMESTEAD, FL 33033-3328

Mailing Address
29613 SW 162ND AVE
HOMESTEAD, FL 33033-3328



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0779365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MANUEL F
29613 SW 162ND AVE
HOMESTEAD, FL 33033-3328

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

(NOTE: Registered Agent signature required when constituting)

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

000000853024
03/26/08-80053-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	FERNANDEZ, MANUEL F
STREET ADDRESS	8420 WEST FLAGLER ST #220
CITY- ST- ZIP	MIAMI, FL 33144
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	

**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 I am empowered.

SIGNATURE:

MANUEL F. FERNANDEZ, M.D.

03-07-08 (305) 441-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #