

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063776

FILED
Mar 19, 2012
Secretary of State

Entity Name: MIAMI ENDOCENTER CORP.

Current Principal Place of Business:

7500 SW 87TH AVENUE
SUITE 101
MIAMI, FL 33173

New Principal Place of Business:

7500 SW 87TH AVENUE
SUITE 200
MIAMI, FL 33173

Current Mailing Address:

GELBER & COMPANY
11450 INTERCHANGE CIRCLE NORTH
HOLLYWOOD, FL 33025

New Mailing Address:

FEI Number: 65-0851365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAVITT, JAMES
7500 SW 87TH AVENUE
SUITE 101
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

LEAVITT, JAMES
7500 SW 87TH AVENUE
SUITE 200
MIAMI, FL 33173 US

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:

03/19/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LEAVITT, JAMES M.D.
Address: 7500 SW 87TH AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33173

Title: D
Name: HERNANDEZ, RICHARD M.D.
Address: 7500 SW 87TH AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33173

Title: D
Name: LEDERHANDLER, MARC M.D.
Address: 7500 SW 87TH AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33173

Title: D
Name: RAMS, HUGO M.D.
Address: 7500 SW 87TH AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33173

Title: S
Name: RUAN, EDUARDO M.D.
Address: 7500 SW 87TH AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33173

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: JAMES LEAVITT

PD

03/19/2012

Electronic Signature of Signing Officer or Director

Date