

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002428

Entity Name: P.M. MEDICAL CENTER INC.

FILED  
Apr 03, 2008  
Secretary of State

## Current Principal Place of Business:

7375 NW 35 TERRANCE  
MIAMI, FL 33015

## New Principal Place of Business:

7376 NW 35 TERRANCE  
MIAMI, FL 33015

## Current Mailing Address:

7375 NW 35 TERRANCE  
MIAMI, FL 33015

## New Mailing Address:

7376 NW 35 TERRANCE  
MIAMI, FL 33015

FEI Number: 65-0887271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZERQUERA, PABLO  
3160 SW 139 AVE  
MIAMI, FL 33175 US

## Name and Address of New Registered Agent:

DOMINGUEZ, LIARYS  
3160 SW 139 AVE  
MIAMI, FL 33175 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: LIARYS DOMINGUEZ

04/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ARBOS, MARIA M  
Address: 7376 NW 35 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: DPS ( ) Delete  
Name: SUAREZ, IRENE E  
Address: 7376 NW 35 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: DT (X) Delete  
Name: ZERQUERA, PABLO  
Address: 7376 NW 35 TERRACE  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: ARBOS, MARIA M  
Address: 7376 NW 35 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: VP/D (X) Change ( ) Addition  
Name: DOMINGUEZ, LIARYS  
Address: 3160 SW 139 AVE  
City-St-Zip: MIAMI, FL 33175

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LIARYS DOMINGUEZ

VP/D

04/03/2008

Electronic Signature of Signing Officer or Director

Date