

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030232

FILED  
Jun 06, 2006  
Secretary of State

Entity Name: METROPOLITAN MEDICAL CENTER, INC.

## Current Principal Place of Business:

1990 SW 1 STREET  
MIAMI, FL 33135

## New Principal Place of Business:

1901 NW 1 STREET  
MIAMI, FL 33125

## Current Mailing Address:

20533 BISCAYNE BLVD.  
#107  
AVENTURA, FL 33180

## New Mailing Address:

150 NW 32 AVENUE  
MIAMI, FL 33125

FEI Number: 65-0908518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAZQUEZ, JESUS  
1560 SW 139 AVENUE  
MIAMI, FL 33184 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FERNANDEZ, CHEFFY  
Address: 150 N.W. 32ND AVENUE  
City-St-Zip: MIAMI, FL 33125

Title: VP (X) Delete  
Name: CUESTA, MARLENE  
Address: 20533 BISCAYNE BLVD., #107  
City-St-Zip: AVENTURA, FL 33180

Title: ST (X) Delete  
Name: RODRIGUEZ, ZAIRY  
Address: 20533 BISCAYNE BLVD., #107  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: FERNANDEZ, CHEFFY  
Address: 150 N.W. 32ND AVENUE  
City-St-Zip: MIAMI, FL 33125

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHEFFY FERNANDEZ

PST

06/06/2006

Electronic Signature of Signing Officer or Director

Date