

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S69856

1. Entity Name  
HIALEAH AMBULATORY CARE CENTER, INC.



FILED  
05 APR 28 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3820 STATE STREET  
SANTA BARBARA, CA 93105

Mailing Address  
3820 STATE STREET  
SANTA BARBARA, CA 93105



2. Principal Place of Business  
13737 Noel Road

3. Mailing Address  
13737 Noel Road

Suite, Apt. #, etc.  
Suite 100

Suite, Apt. #, etc.  
Suite 100

01072005 Chg-P CR2E034 (10/03)

City & State  
Dallas, TX

City & State  
Dallas, TX

4. FEI Number  
65-0252373

Applied For  
Not Applicable

Zip  
75240

Country  
USA

Zip  
75240

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE DS  
NAME LARSEN, CAITLIN M ☐ Delete  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE P  
NAME MEDEROS, ANA CEO ☐ Delete  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE T  
NAME DENTO, DENNIS L ☐ Delete  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE D  
NAME URRUTIA MD RUBEN ☒ Delete  
STREET ADDRESS 651 EAST 25TH STREET  
CITY-ST-ZIP HIALEAH, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Kristina A. Mack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristina A. Mack, Asst. Secretary

3/10/05

Date

805-563-7000

Daytime Phone #

7/2/2005 APR 28 AM 10:41