

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69856

FILED
Jan 12, 2012
Secretary of State

Entity Name: HIALEAH AMBULATORY CARE CENTER, INC.

Current Principal Place of Business:

1445 ROSS AVE STE 1400
ATTN: DONNA JARRELL
DALLAS, TX 75202 US

New Principal Place of Business:

Current Mailing Address:

1445 ROSS AVE STE 1400
ATTN: DONNA JARRELL
DALLAS, TX 75202 US

New Mailing Address:

FEI Number: 65-0252373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MEDEROS, ANA
Address: 1445 ROSS AVE STE 1400
City-St-Zip: DALLAS, TX 75202 US

Title: S
Name: MACK, KRISTINA A
Address: 1445 ROSS AVE STE 1400
City-St-Zip: DALLAS, TX 75202 US

Title: T
Name: MURPHY, TYLER
Address: 1445 ROSS AVE STE 1400
City-St-Zip: DALLAS, TX 75202 US

Title: D
Name: MACK, KRISTINA A
Address: 1445 ROSS AVE STE 1400
City-St-Zip: DALLAS, TX 75202 US

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: KRISTINA A MACK

S

01/12/2012

Electronic Signature of Signing Officer or Director

Date