

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V00261 1. Entity Name KENDALE LAKES MEDICAL CENTER, INC.	
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Principal Place of Business 13550 SW 88 STREET SUITE 180 MIAMI, FL 33186 US	Mailing Address 13550 SW 88 STREET SUITE 180 MIAMI, FL 33186 US
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01192004 No Chg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0306309	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREGORIAN, MICHAEL MD 13550 SW 88 STREET SUITE 180 MIAMI, FL 33186
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000108515
04/12/04-80006-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREGORIAN, MICHAEL 13550 SW 88 STREET - SUITE 180 MIAMI, FL 33186
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IN THIS SPACE**

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: Michael Gregorian 4/8/04 (305) 385-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MICHAEL GREGORIAN