

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V00261**

1. Entity Name  
**KENDALE LAKES MEDICAL CENTER, INC.**



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**

**DO NOT WRITE IN THIS SPACE**



01222005 No Chg-P CR2E034 (10/03)

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**

**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

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

U000000305577

04/14/05-80088-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GREGORIAN, MICHAEL  
STREET ADDRESS 13550 SW 88 STREET - SUITE 180  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ST  
NAME GREGORIAN, MICHAEL  
STREET ADDRESS 13550 SW 88 STREET - SUITE 180  
CITY-ST-ZIP MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/2005 ✓ (205) 385-9919