

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113173

FILED
Apr 14, 2009
Secretary of State

Entity Name: DORAL MEDICAL CENTER, INC.

Current Principal Place of Business:

New Principal Place of Business:

3750 W 16 AVE
SUITE 108
HIALEAH, FL 33012

Current Mailing Address:

New Mailing Address:

3750 W 16 AVE
SUITE 108
HIALEAH, FL 33012

FEI Number: 20-1448847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CANTOS, ANTONIO
4674 NW 97 CT
DORAL, FL 33178 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CANTOS, ANTONIO
Address: 4674 NW 97 CT
City-St-Zip: DORAL, FL 33178

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

I hereby certify that the information supplied with this filing does not qualify 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: ANTONIO CANTOS

P/D

04/14/2009

Electronic Signature of Signing Officer or Director

Date