

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004868

Entity Name: CENTRO MEDICO FAMILIAR BUEN PASTOR INC

Current Principal Place of Business:

4440 SHERIDAN ST
SUITE C
HOLLYWOOD, FL 33021

Current Mailing Address:

4440 SHERIDAN ST
SUITE C
HOLLYWOOD, FL 33021

FEI Number: 27-0229677

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLOREZ, GABRIEL G
3101 S OCEAN DR
1603
HOLLYWOOD, FL 33019 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

Officer/Director Detail :

Title PD
Name FLOREZ, GABRIEL G
Address 3101 S OCEAN DR, APTO 1603
City-State-Zip: HOLLYWOOD FL 33019

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GABRIEL FLOREZ

P

05/10/2013

Electronic Signature of Signing Officer/Director Detail

Date