

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G16933

**Entity Name:** EAST GABLES MEDICAL CENTER, CORP.

**Current Principal Place of Business:**

110 NW 27TH AVENUE  
SECOND FLOOR  
MIAMI, FL 33125

**Current Mailing Address:**

110 NW 27TH AVENUE  
SECOND FLOOR  
MIAMI, FL 33125

**FEI Number:** 59-2237115

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GONZALEZ, PEDRO  
110 N.W. 27TH AVENUE  
MIAMI, FL 33125 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 GONZALEZ, ISABEL CPT  
Address 727 E. DILIDO DRIVE  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name MARQUEZ, MAGGIE  
Address 1408 CASTILE AVENUE  
City-State-Zip: CORAL GABLES FL 33134

*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:** MAGGIE MARQUEZ

**ADMINISTRATOR**

**01/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date