

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000026219

**Entity Name:** MANOR MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1040 N W 10TH AVENUE  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

1040 N W 10TH AVENUE  
FT LAUDERDALE, FL 33311 US

**FEI Number:** 65-0687160

**Certificate of Status Desired:** No

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

YVES, JODESTY  
1040 N W 10TH AVENUE  
FORT LAUDERDALE, FL 33311 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           DPS  
Name           JODESTY, YVES M  
Address        1040 N W 10TH AVENUE  
City-State-Zip: FT LAUDERDALE FL 33311

*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:** YVES JODESTY

DPS

04/22/2013

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

\_\_\_\_\_ Date