


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # G82353 1. Entity Name MEDICAL HEALTH CENTER, INC.	
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Principal Place of Business 3600 W FLAGLER ST MIAMI, FL 33135 US	Mailing Address 3600 W FLAGLER ST MIAMI, FL 33135 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PEREZ-ESPINOSA, MANUEL 3600 W FLAGLER ST MIAMI, FL 33135	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

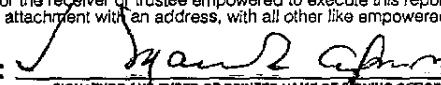
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST PEREZ-ESPINOSA, MANUEL 3600 W FLAGLER ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ-ESPINOSA, MANUEL 3600 W FLAGLER ST MIAMI, FL
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UD00000222368
02/09/05-80071-020 150.00

**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)(f), 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:  **2-4-05** **305-444 3411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #