


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # K89415 1. Entity Name ALBA MEDICAL CENTER, INC.		
Principal Place of Business 4210 PALM AVE HIALEAH, FL 33012 US		Mailing Address 4210 PALM AVE HIALEAH, FL 33012 US
2. Principal Place of Business Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc	
City & State	City & State	
Zip	Country	Zip
6. Name and Address of Current Registered Agent GOMEZ, LILIA A 707 E 9 ST. HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.		Applied For Not Applicable
SIGNATURE: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		4. FEI Number 65-0255269
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		02012006 Chg-P CR2E034 (11/05)
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, DORA 4210 PALM AVE HIALEAH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2-20-06 Day/Mo/Year