

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109026

FILED
Feb 01, 2008
Secretary of State

Entity Name: PMN MEDICAL CENTERS, INC.

Current Principal Place of Business:

701 NW 57 AVE
110
MIAMI, FL 33126

New Principal Place of Business:

701 NW 57 AVE
300
MIAMI, FL 33126

Current Mailing Address:

701 NW 57 AVE
110
MIAMI, FL 33126

New Mailing Address:

701 NW 57 AVE
300
MIAMI, FL 33126

FEI Number: 43-1976626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDVIN, PHILIP ESQ
4112 AURORA ST.
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BEHAR, VICTOR
Address: 701 NW 57 AVENUE, S-110
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BEHAR, VICTOR
Address: 701 NW 57 AVENUE, S-300
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VICTOR BEHAR

CEO

02/01/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date