

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083051

FILED
Mar 12, 2009
Secretary of State

Entity Name: E-Z MEDICAL CENTER INC.

Current Principal Place of Business:

891 E 10TH AVENUE
HIALEAH, FL 33010

New Principal Place of Business:

737 EAST 10TH STREET
HIALEAH, FL 33010

Current Mailing Address:

891 E 10TH AVENUE
HIALEAH, FL 33010

New Mailing Address:

737 EAST 10TH STREET
HIALEAH, FL 33010

FEI Number: 01-0794846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAX DEFENSE CENTER
2350 WEST 84 ST
#18
HIALEAH, FL 33016 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: PD () Delete
Name: DIAZ, LEONEL
Address: 891 E 10TH AVE
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIAZ, LEONEL
Address: 737 EAST 10TH STREET
City-St-Zip: HIALEAH, FL 33010

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: LEONEL DIAZ

PD

03/12/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date