

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156722

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: HYMA MEDICAL CENTER INC

**Current Principal Place of Business:**

6595 N.W. 36 STREET STE 205-2  
VIRGINIA GARDENS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6595 N.W. 36 STREET STE 205-2  
VIRGINIA GARDENS, FL 33166

**New Mailing Address:**

P.O. BOX 660498  
MIAMI SPRINGS, FL 33266

FEI Number: 20-1933405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTINEZ, MARTZA  
6595 N.W. 36 STREET STE 205-2  
VIRGINIA GARDENS, FL 33166 US

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

MARTINEZ, MARITZA  
6595 N.W. 36 STREET STE 205-2  
VIRGINIA GARDENS, FL 33166 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: MARITZA MARTINEZ

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MARTINEZ, MARITZA  
Address: 6595 N.W. 36 STREET STE 205-2  
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: DV ( ) Delete  
Name: MARTINEZ, ARTURO  
Address: 6595 N.W. 36 STREET STE 205-2  
City-St-Zip: VIRGINIA GARDENS, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARITZA MARTINEZ

DP

04/29/2006

Electronic Signature of Signing Officer or Director

Date