

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156722

FILED
Aug 08, 2007
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:

FEI Number: 20-1933405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VAZQUEZ, NATIVIDAD
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:

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: NATIVIDAD VAZQUEZ

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08/08/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date