

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058852

FILED
Jul 19, 2006
Secretary of State

Entity Name: HEALTH FLORIDA MEDICAL & DIAGNOSTIC CENTERS, INC.

Current Principal Place of Business:

450 S. MAIN STREET
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

450 S. MAIN STREET
LABELLE, FL 33935

New Mailing Address:

FEI Number: 20-3257461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, WINSTON
450 S. MAIN ST.
LABELLE, FL 33935 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: S () Delete
Name: PERTIERRA, RAFAEL
Address: 450 S. MAIN STREET
City-St-Zip: LABELLE, FL 33935

Title: P () Delete
Name: THOMPSON, WINSTON
Address: 450 S. MAIN STREET
City-St-Zip: LABELLE, FL 33935

Title: V () Delete
Name: PERIERRA, CRISTINA
Address: 450 S. MAIN STREET
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WINSTON THOMPSON

RA

07/19/2006

Electronic Signature of Signing Officer or Director

Date