

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087867

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** WORLDWIDE MEDICAL CENTER CORP

**Current Principal Place of Business:**

1840 WEST 49TH ST., STE. 732  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1840 WEST 49TH ST., STE. 732  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 20-3028816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURGOS, MARILYN  
1840 WEST 49TH ST.  
STE. 732  
HIALEAH, FL 33012 US

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

BURGOS, MARILYN  
17973 NW 87PL  
MIAMI, FL 33018 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: MARILYN BURGOS

04/26/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURGOS, MARILYN  
Address: 1840 W. 49TH ST., STE. 732  
City-St-Zip: HIALEAH, FL 33012

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

Title: PD (X) Change ( ) Addition  
Name: BURGOS, MARILYN  
Address: 17973 NW 87 PL  
City-St-Zip: MIAMI, FL 33018

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: MARILYN BURGOS

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date