

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106766

FILED
May 24, 2007
Secretary of State

Entity Name: MIRAGE MEDICAL CENTER, INC.

Current Principal Place of Business:

85 GRAND CANAL DR, SUITE 310
MIAMI, FL 33144

New Principal Place of Business:

85 GRAND CANAL DR,
SUITE 310
MIAMI, FL 33144

Current Mailing Address:

85 GRAND CANAL DR, SUITE 310
MIAMI, FL 33144

New Mailing Address:

85 GRAND CANAL DR,
SUITE 310
MIAMI, FL 33144

FEI Number: 20-3264266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANO COLOME, ANTONIO
85 GRAND CANAL DR STE310
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

VILLALBA, FRANCESCO
85 GRAND CANAL DR
SUITE 310
MIAMI, FL 33144 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: FRANCESCO VILLALBA

05/24/2007

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: D () Delete
Name: HANO COLANE, ANTONIO
Address: 86 GRAND CANAL DR STE 310
City-St-Zip: MIAMI, FL 33144

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VILLALBA, FRANCESCO
Address: 86 GRAND CANAL DR, SUITE 310
City-St-Zip: MIAMI, FL 33144

Title: VP () Change (X) Addition
Name: VILLALBA, DANIEL
Address: 85 GRAND CANAL DR. SUITE 310
City-St-Zip: MIAMI, FL 33144

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: FRANCESCO VILLALBA

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05/24/2007

Electronic Signature of Signing Officer or Director

Date