2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# P05000118195

Entity Name: MAXIMUM HEALTH CARE NETWORK, INC.

Current Principal Place of Business:

7101 S.W. 99TH AVENUE
109 A
MIAMI, FL 331734661

New Principal Place of Business:

Current Mailing Address:

7101 S.W. 99TH AVENUE
109 A
MIAMI, FL 331734661

New Mailing Address:

FEI Number: 20-3379623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVOA, PATRICIA C
7101 S.W. 99 AVENUE
SUITE 109 A
MIAMI, FL 331734661 US

Name and Address of New Registered Agent:

QUEREJETA, ELIZABETH B
32 ALCANTARRA
CORAL GABLES, FL 33134 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: ELIZABETH B. QUEREJETA 02/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P D ( ) Delete
Name: NOVOA, PATRICIA C
Address: 9445 S.W. 117 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: VP D ( ) Delete
Name: QUEREJETA, ELIZABETH B
Address: 32 ALCANTARRA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: QUEREJETA, ELIZABETH B
Address: 32 ALCANTARRA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: NOVOA, PATRICIA C
Address: 9445 SW 117 TERRACE
City-St-Zip: MIAMI, FL 33176

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:

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: ELIZABETH B. QUEREJETA VPD 02/23/2007
Electronic Signature of Signing Officer or Director Date