

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045920

FILED
Apr 30, 2007
Secretary of State

Entity Name: FINLEY MEDICAL CARE CENTER, CORP.

Current Principal Place of Business:

15495 EAGLE NEST LANE
SUITE 225
MIAMI LAKES, FL 330142242

New Principal Place of Business:

Current Mailing Address:

15495 EAGLE NEST LANE
SUITE 225
MIAMI LAKES, FL 330142242

New Mailing Address:

FEI Number: 20-4613248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, IVAN
4562 W 12TH AVE
HIALEAH, FL 33012 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAMBERT, IVAN
Address: 4562 W 12TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: V () Delete
Name: COSCULLUELA, BEATRIZ D
Address: 4562 W 12TH AVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: IVAN LAMBERT

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date