

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110659

FILED
Mar 06, 2006
Secretary of State

Entity Name: ACE MEDICAL CENTER, INC.

Current Principal Place of Business:

434 S.W. 12 AVE.,
#102
MIAMI, FL 33135

New Principal Place of Business:

330S.W. 27 AVE.,
#606
MIAMI, FL 33135

Current Mailing Address:

434 S.W. 12 AVE.,
#102
MIAMI, FL 33135

New Mailing Address:

330 S.W. 27 AVE.,
#606
MIAMI, FL 33135

FEI Number: 48-1279884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACEVEDO, GRACIELA
16355 S.W. 103RD STREET
MIAMI, FL 33196 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: PST () Delete
Name: ACEVEDO, GRACIELA
Address: 4701 SW 82ND COURT
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GRACIELA ACEVEDO

PST

03/06/2006

Electronic Signature of Signing Officer or Director

_____ Date