


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90094 031 \*\*\*\*61.25

<b>DOCUMENT # 745269</b>	
1. Entity Name CORAL REEF MEDICAL PARK, INC.	

Principal Place of Business 9299 S.W. 152ND STREET MIAMI, FL 33157	Mailing Address COMREAL P.O. BOX 266920 WESTON, FL 33326
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

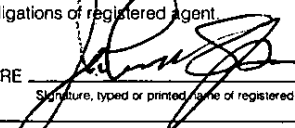
04122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1902036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SPIRE, JOHN M 17700 S.W. 51ST STREET SOUTHWEST RANCHES, FL 33331	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

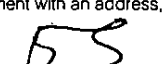
SIGNATURE  DATE 4/30/07

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL DR	NAME	
STREET ADDRESS	9299 S.W. 152ND STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGE, KARL DR	NAME	
STREET ADDRESS	9299 S.W. 152ND STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITIELLO, GINO DR	NAME	
STREET ADDRESS	9299 S.W. 152ND STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/30/07** **954-389-1820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #