2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# 560929

Entity Name: BARNETT MEDICAL CENTER, INC.

Current Principal Place of Business:

110 NW 27TH AVE.
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

110 NW 27TH AVE.
MIAMI, FL 33125

New Mailing Address:

FEI Number: 59-1805106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIDSKY, CARLOS, ESQ.
145 EAST 49TH STREET
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: SD ( ) Delete
Name: CARILLO, PEDRO L
Address: 110 NW 27 AVE
City-St-Zip: MIAMI, FL 33125

Title: PD ( ) Delete
Name: GONZALEZ, PEDRO,
Address: 727 E. DILIDO DRIVE
City-St-Zip: MIAMI, FL

Title: TR ( ) Delete
Name: CARRAZANA, PEDRO S
Address: 110 NW 27 AVE
City-St-Zip: MIAMI, FL 33125 FL

Title: VP ( ) Delete
Name: GONZALEZ, JOSHUA
Address: 727 EAST DILIDO DRIVE
City-St-Zip: MIAMI BEACH, FL 33139 FL

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: PEDRO GONZALEZ PD 04/23/2007

Electronic Signature of Signing Officer or Director — Date