2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2008
Secretary of State

DOCUMENT# 575774

Entity Name: PORT OF MIAMI MEDICAL CLINIC, INC.

Current Principal Place of Business:

1015 N. AMERICA WAY
SUITE 150
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

1015 N AMERICA WAY
STE 150
MIAMI, FL 33132 US

New Mailing Address:

1015 N. AMERICA WAY
SUITE 150
MIAMI, FL 33132 US

FEI Number: 59-1830925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POTASH, IRWIN M.
1015 N. AMERICA WAY
SUITE 150
MIAMI, FL 33132 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POTASH, IRWIN M.,
Address: 1015 N. AMERICA WAY
City-St-Zip: MIAMI, FL

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 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: IRWIN M. POTASH PRES 06/03/2008

Electronic Signature of Signing Officer or Director Date