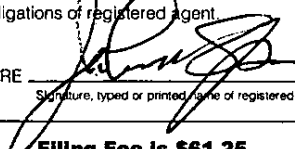



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 745269 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1902036	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
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: 			Date 4/30/07 Daytime Phone # 954-389-1820		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					