

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745269

FILED
May 23, 2008
Secretary of State

Entity Name: CORAL REEF MEDICAL PARK, INC.

Current Principal Place of Business:

9299 S.W. 152ND STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

COMREAL
P.O. BOX 266920
WESTON, FL 33326

New Mailing Address:

FEI Number: 59-1902036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIRE, JOHN M
17700 S.W. 51ST STREET
SOUTHWEST RANCHES, FL 33331 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FELDMAN, MICHAEL DR
Address: 9299 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

Title: VD () Delete
Name: STURGE, KARL DR
Address: 9299 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

Title: VPD () Delete
Name: VITIELLO, GINO DR
Address: 9299 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLHEISER, PETER DR
Address: 9299 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: ROURA, SAMUEL DR
Address: 9299 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MILLHEISER

PD

05/23/2008

Electronic Signature of Signing Officer or Director

_____ Date