

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01939

FILED
Jan 29, 2007
Secretary of State

Entity Name: MIAMI SPRINGS AMBULATORY CLINIC, INC.

Current Principal Place of Business:

230 PARK STREET
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

PO BOX 49020
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-2681658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEJIA, EDUARDO
781 CRANDON BLVD., #1002
KEY BISCAYNE, FL 33149 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: DPT () Delete
Name: MEJIA, BLANCA,
Address: 781 CRANDON BLVD., #1002
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVS () Delete
Name: MEJIA, EDUARDO,
Address: 781 CRANDON BLVD., #1002
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V () Delete
Name: MEJIA, BLANCA S
Address: 781 CRANDON BLVD., #1002
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V () Delete
Name: MEJIA, LOUIS
Address: 781 CRANDON BLVD., #1002
City-St-Zip: KEY BISCAYNE, FL 33149

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: EDUARDO MEJIA MD

VP

01/29/2007

Electronic Signature of Signing Officer or Director

_____ Date