


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90099 044 ***150.00

DOCUMENT # L78108 1. Entity Name MEDICAL HEALTH OF MIAMI INC.	
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Principal Place of Business 5200 SW 8TH ST SUITE 201A MIAMI, FL 33134	Mailing Address 5200 SW 8TH ST SUITE 201A MIAMI, FL 33134
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04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0204431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Raul A. Tamayo 12950 NW 6 ST Miami, FL 33182

**DO NOT WRITE
IN THIS SPACE**

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 <u>R. Tamayo</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04/28/07</u>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAMAYO, RAUL A 12950 NW 6 ST MIAMI, FL 33182
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IN THIS SPACE**

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 607, 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: <u>R. Tamayo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>04/30/07</u> Date Daytime Phone #