

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004292

FILED  
Jul 01, 2006  
Secretary of State

**Entity Name:** MD'S 4CURE ORGANIZATION CORP.

**Current Principal Place of Business:**

17920 SW 89 AVE  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

17920 SW 89 AVE  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

**Name and Address of New Registered Agent:**

DIAZ DE LA ROCHA, LISETTE M  
17920 SW 89 AVENUE  
MIAMI, FL 33157 US

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: DIAZ DE LA ROCHA, LISETTE  
Address: 17920 SW 89 AVE  
City-St-Zip: MIAMI, FL 33157

Title: TD ( ) Delete  
Name: HAZOURY, KHALIL  
Address: 17920 SW 89 AVENUE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

SIGNATURE: LISETTE DIAZ DE LA ROCHA

PD

07/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date