

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010927

FILED
May 05, 2006
Secretary of State

Entity Name: MEDI-TECH MEDICAL CENTER INC.

Current Principal Place of Business:

5870 SW 8 STREET
#8
MIAMI, FL 33144

New Principal Place of Business:

12261 SW 129 COURT
MIAMI, FL 33186

Current Mailing Address:

5870 SW 8 STREET
#8
MIAMI, FL 33144

New Mailing Address:

12261 SW 129 COURT
MIAMI, FL 33186

FEI Number: 65-0981154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESCANO, OSCAR
13520 SW 9 LANE.
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

LESCANO, OSCAR
12261 SW 129 COURT
MIAMI, FL 33186 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: OSCAR LESCANO

05/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LESCANO, OSCAR
Address: 13512 SW 9 LANE
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LESCANO, OSCAR
Address: 12261 SW 129 COURT
City-St-Zip: MIAMI, FL 33186

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: OSCAR LESCANO

P

05/05/2006

Electronic Signature of Signing Officer or Director

Date