

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027699

FILED
Apr 01, 2005
Secretary of State

Entity Name: PARADISE SUNSHINE MEDICAL CENTER, INC.

Current Principal Place of Business:

317 WEST 9TH STREET
SUITE 21
HIALEAH, FL 33010 US

New Principal Place of Business:

2900 PALM AVE
HIALEAH, FL 33012 US

Current Mailing Address:

12743 SW 207TH TERRACE
MIAMI, FL 33177 US

New Mailing Address:

FEI Number: 65-0991560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIALLO, PEDRO P
317 WEST 9TH STREET
SUITE 21
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

FIALLO, PEDRO P
2900 PALM AVE
HIALEAH, FL 33012 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: PEDRO P. FIALLO

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, MARTA MARIA
Address: 317 WEST 9TH STREET-SUITE 21
City-St-Zip: HIALEAH, FL 33010 US

Title: VP () Delete
Name: VILLEGAS, SALVADOR
Address: 317 WEST 9TH STREET-SUITE 21
City-St-Zip: HIALEAH, FL 33010 US

Title: S () Delete
Name: FIALLO, PEDRO P
Address: 317 WEST 9TH STREET-SUITE 21
City-St-Zip: HIALEAH, FL 33010 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VILLEGAS, SALVADOR
Address: 2900 PALM AVE
City-St-Zip: HIALEAH, FL 33012 US

Title: VP (X) Change () Addition
Name: ARANGO, MIGUEL A
Address: 2900 PALM AVE
City-St-Zip: HIALEAH, FL 33012 US

Title: S (X) Change () Addition
Name: FIALLO, PEDRO P
Address: 2900 PALM AVE
City-St-Zip: HIALEAH, FL 33012 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALVADOR VILLEGAS

PD

04/01/2005

Electronic Signature of Signing Officer or Director

Date