

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


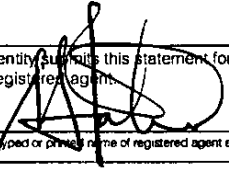
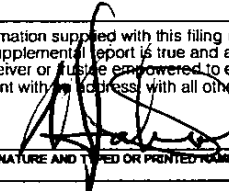
APPROVAL  
AND  
FILED

06 FEB 22 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02212006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P00000047760</b>			
1. Entity Name LOYALTY MEDICAL CENTER, INC.			
Principal Place of Business 2342 S.W. 15 ST MIAMI, FL 33145 US		Mailing Address 2342 S.W. 15 ST MIAMI, FL 33145 US	
2. Principal Place of Business 1150 NW 72 AV Suite, Apt. #, etc. Suite 720 City & State Miami, FL Zip 33126 Country USA		3. Mailing Address Same Suite, Apt. #, etc. n City & State n Zip n Country n	
4. FEI Number 65-1053293		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HABER, ALEJANDRO 1150 NW 72ND AVENUE #720 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity, by 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:  (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HABER, ALEJANDRO 1150 NW 72ND AVENUE MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200067328512 03/07/06--01060--024 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABER, ALEJANDRO 1150 NW 72ND AVENUE MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 my address with all other like empowered.			
SIGNATURE: 		Date Daytime Phone #	

K. Eckel FEB 22 2006