2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 26, 2006
Secretary of State

DOCUMENT# P00000116371

Entity Name: CENIT MEDICAL CENTER INC.

Current Principal Place of Business:

8900 CORAL HWY
207
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

8900 CORAL HWY
207
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-1066284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASPIAZU, FRANCISCO
15210 SW 48TH TERRACE APT G
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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: ASPIAZU, FRANCISCO
Address: 15210 SW 48TH TERRACE APT G
City-St-Zip: MIAMI, FL 33185

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD ( ) Change (X) Addition
Name: FLORIAN, CARMEN E
Address: 8900 SW 24TH ST. STE. 207
City-St-Zip: MIAMI, FL 33165

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: CARMEN E. FLORIAN PD 10/26/2006

Electronic Signature of Signing Officer or Director — Date