2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90175 047 ***150.00

DOCUMENT # P01000079721

1. Entity Name

SFA MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
8260 WEST FLAGLER ST. SUITE 2N MIAMI FL 33144	8260 WEST FLAGLER ST. SUITE 2N MIAMI FL 33144

2. Principal Place of Business	3. Mailing Address
1695 SW 107 Ave	1695 SW 107 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33165 Country: USA	Zip: 33165 Country: USA

1st MOORE CR2E034 (10/05)

4. FEI Number: 65-1130519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ELIECER
5827 SW 2 TR
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name: E Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 1695 SW 107 Ave
City: Miami FL Zip Code: 33165

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] E Gonzalez 3/13/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PSD GONZALEZ, ELIECER 5827 SW 2 TR MIAMI FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1695 SW 107 Ave Miami Fl 33165	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE: [signature] E Gonzalez 3/13/06 305-207-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #