

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082613

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** PROSPERITY MEDICAL CENTER, CORP.

**Current Principal Place of Business:**

2140 WEST FLAGLER ST., #107  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

2140 WEST FLAGLER ST., #107  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 65-1131881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, ANGELA  
15620 SW 143 AVE.  
MIAMI, FL 33177 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONZALEZ, ANGELA  
Address: 15620 SW 143 AVE.  
City-St-Zip: MIAMI, FL 33177

Title: VPD ( ) Delete  
Name: LAVIELLE, MYRIAM  
Address: 9570 NW 32 PL.  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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:** ANGELA I GONZALEZ

PD

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date