

2006 FOR PRO-FIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90012 009 ***550.00

DOCUMENT # P0100010123

1. Entity Name

ASSOCIATES MEDICAL CENTER INC.



Principal Place of Business

1313 NW 36 STREET
#100
MIAMI FL 33142

Mailing Address

1313 NW 36 STREET
#100
MIAMI FL 33142



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

65-1146539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLAN, CARLOS M
1313 NW 36 STREET
#100
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name *Millan Carlos M*
Street Address (P.O. Box Number is Not Acceptable)
1107 NW 22 AVE
City *Miami* FL Zip Code *33125*

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, 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

TITLE	VSD <input type="checkbox"/> Delete
NAME	MILLAN, MYRNA
STREET ADDRESS	1313 NW 36 STREET # 100
CITY-ST-ZIP	MIAMI FL 33142
TITLE	PTD <input type="checkbox"/> Delete
NAME	MILLAN, CARLOS M
STREET ADDRESS	1313 NW 36 STREET # 100
CITY-ST-ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #