2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2008
Secretary of State

DOCUMENT# P01000119540

Entity Name: PROFESSIONAL MEDICAL CENTER, INC.

Current Principal Place of Business:

461 HIALEAH DRIVE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

461 HIALEAH DRIVE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 01-0568160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, ANNARELLA
489 HIALEAH DR, STE 5
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

GARCIA, ANNARELLA
461 HIALEAH DRIVE
HIALEAH, FL 33010 US

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: 06/24/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GARCIA, ANNARELLA
Address: 367 E 14 ST
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GARCIA, ANNARELLA
Address: 641 E 41 STREET
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify 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: GARCIA ANNARELLA P 06/24/2008
Electronic Signature of Signing Officer or Director Date