2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060744

Entity Name: C&D MEDICAL CENTER, INC

FILED Apr 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3383 NW 7 ST, SUITE 104 3383 NW 7 ST, SUITE 104 MIAMI, FL 33125-414

Current Mailing Address: New Mailing Address:

3383 NW 7 ST, SUITE 104 5805 BLUE LAGOON DRIVE MIAMI, FL 33125 SUITE 200

MIAMI, FL 33126

FEI Number: 74-3048280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LOPEZ, JOSE A SR

383 N W 7 STREET

SUITE 100

MIAMI, FL 33125 US

A G CORPORATE SERVICES LLC

5805 BLUE LAGOON DRIVE

SUITE 200

MIAMI, FL 33126 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: DOMINGO ALONSO C.P.A. 04/02/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: D () Delete Title: () Change () Addition Name: LOPEZ, JOSE A SR Name:

 Name:
 LOPEZ, JOSE A SR
 Name:

 Address:
 3383 NW 7 ST, SUITE 104
 Address:

 City-St-Zip:
 MIAMI, FL 33125
 City-St-Zip:

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: JOSE A LOPEZ D 04/02/2008