

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102076

Entity Name: S.W. MEDICAL CENTER, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

861 SW 8 ST.
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

861 SW 8 ST.
MIAMI, FL 33130

New Mailing Address:

FEI Number: 38-3660800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLAS, SUSANA
520 BRICKELL KEY DR
MIAMI, FL 33131 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: D () Delete
Name: ODOARDO, DENIO
Address: 874 SW 8 ST
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: COLAS, SUSANA
Address: 874 SW 8 ST
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: BOLADERES, ALBERTO P
Address: 925 NW 82 AVE., APT 115
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ALBERTO BOLADERES

D

04/24/2006

Electronic Signature of Signing Officer or Director

Date