

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000106829

FILED
Sep 05, 2006
Secretary of State**Entity Name:** MEDICAL BUSINESS OPERATIONS, INC.**Current Principal Place of Business:**13903 N W 67 AVE
SUITE 430
MIAMI LAKES, FL 33014**New Principal Place of Business:**6175 N W 153 STREET
SUITE 303
MIAMI LAKES, FL 33014**Current Mailing Address:**13903 N W 67 AVE
SUITE 430
MIAMI LAKES, FL 33014**New Mailing Address:**6175 N W 153 STREET
SUITE 303
MIAMI LAKES, FL 33014**FEI Number:** 06-1704866**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BENITO, LILLIANA M
13903 N W 67 AVE
SUITE 430
MIAMI LAKES, FL 33014 US**Name and Address of New Registered Agent:**BENITO, LILLIANA
6175 N W 153 STREET
SUITE 303
MIAMI LAKES, FL 33014 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: LILLIANA BENITO

09/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENITO, LILLIANA M
Address: 13903 N W 67 AVE SUITE 430
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD (X) Delete
Name: LOMBANA, PATRICIA M
Address: 13903 N W 67 AVE SUITE 430
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENITO, LILLIANA
Address: 6175 N W 153 STREET, SUITE 303
City-St-Zip: MIAMI LAKES, FL 33014

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: LILLIANA BENITO

PD

09/05/2006

Electronic Signature of Signing Officer or Director

Date