2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P02000121717

Entity Name: MEDISON MEDICAL CENTER CORP

Current Principal Place of Business:

5524 SW 8 ST
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

5524 SW 8 ST
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 14-1856020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAVARRO, GEORGETTH
5524 SW 8 ST
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

ALINA, HERNANDEZ
5524 SW 8 ST
MIAMI, FL 33134 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: ALINA HERNANDES 04/25/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NAVARRO, ANTONIO
Address: 5524 SW 8 ST
City-St-Zip: MIAMI, FL 33134

Title: V ( ) Delete
Name: NAVARRO, GEORGETTH
Address: 5524 SW 8 ST
City-St-Zip: MIAMI, FL 33134

Title: ST ( ) Delete
Name: NAVARRO, GEORGETH
Address: 5524 SW 8 ST
City-St-Zip: MIAMI, FL 33134

Title: P ( ) Delete
Name: NAVARRO GEORGRTH,
Address: 5524 SW 8 ST
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CARLOS, RAMIREZ
Address: 5524 SW 8 ST
City-St-Zip: MIAMI, FL 33134

Title: V (X) Change ( ) Addition
Name: HERNANDEZ, ALINA
Address: 5524 SW 8 ST
City-St-Zip: MIAMI, FL 33134

Title: ST (X) Change ( ) Addition
Name: HERNANDEZ, ALINA
Address: 5524 SW 8 ST
City-St-Zip: MIAMI, FL 33134

Title: P (X) Change ( ) Addition
Name: ALINA HERNANDEZ,
Address: 5524 SW 8 ST
City-St-Zip: MIAMI, FL 33134

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: CARLOS RAMIREZ P 04/25/2006
Electronic Signature of Signing Officer or Director Date