

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007709

Entity Name: A.M. MEDICAL CENTER, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

8900 CORAL WAY STE 203
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

8900 CORAL WAY STE 203
MIAMI, FL 33165

New Mailing Address:

FEI Number: 76-0723033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, ALAIN
14180 S W 30 ST
MIAMI, FL 33175 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: P () Delete
Name: MORALES, ALAIN
Address: 11340 SW 44TH ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: ALAIN MORALES

P

01/08/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date