2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P03000010239

Entity Name: A & D MEDICAL CENTER INC.

Current Principal Place of Business:

1790 W 49TH ST STE 110-1
HIALEAH, FL 33012

New Principal Place of Business:

3750 WEST 16 AVE SUITE 206
HIALEAH, FL 33012

Current Mailing Address:

1790 W 49TH ST STE 110-1
HIALEAH, FL 33012

New Mailing Address:

3750 WEST 16 AVE SUITE 206
HIALEAH, FL 33012

FEI Number: 57-1148177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORENZO, RICHARD ESQ.
1431 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DAISY, GAINZA
3750 WEST 16 AVE SUITE 206
HIALEAH, FL 33012

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: DAISY GAINZA 04/23/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GAIN, DAISY
Address: 3100 SW 135 TERR
City-St-Zip: DAVIE, FL 33330

Title: V ( ) Delete
Name: GAINZA, MANUEL D
Address: 3100 SW 135 TERR
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GAINZA, DAISY
Address: 3750 WEST 16TH AVE SUITE 206
City-St-Zip: HIALEAH, FL 33012

Title: V (X) Change ( ) Addition
Name: GAINZA, MANUEL D
Address: 3750 WEST 16TH AVE SUITE 206
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAISY GAINZA P 04/23/2004
Electronic Signature of Signing Officer or Director Date