

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90090 037 ***158.75

DOCUMENT # P03000010239					
1. Entity Name A & D MEDICAL CENTER INC.					
Principal Place of Business 3750 WEST 16 AVE SUITE 206 HIALEAH, FL 33012			Mailing Address 3750 WEST 16 AVE SUITE 206 HIALEAH, FL 33012		
2. Principal Place of Business 654 N. UNIVERSITY DR Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Pembroke Pines, FL Zip: 33024 Country: Broward		City & State (Crossed out)		4. FEI Number 57-1148177	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name: DAISY GAINZA Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> <u>DAISY GAINZA</u> <u>3/15/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE: P NAME: GAINZA, DAISY STREET ADDRESS: 3750 WEST 16TH AVE SUITE 206 CITY-ST-ZIP: HIALEAH, FL 33012	<input type="checkbox"/> Delete				
TITLE: V NAME: GAINZA, MANUEL D STREET ADDRESS: 3750 WEST 16TH AVE SUITE 206 CITY-ST-ZIP: HIALEAH, FL 33012	<input type="checkbox"/> Delete				
(Empty row for officers and directors)					
(Empty row for officers and directors)					
(Empty row for officers and directors)					
(Empty row for officers and directors)					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE: P NAME: GAINZA, DAISY STREET ADDRESS: 654 N UNIVERSITY DR CITY-ST-ZIP: Pembroke Pines FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: VP NAME: GAINZA, MANUEL D. STREET ADDRESS: 654 N UNIVERSITY DR. CITY-ST-ZIP: Pembroke Pines FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
(Empty row for additions/changes)					
(Empty row for additions/changes)					
(Empty row for additions/changes)					
(Empty row for additions/changes)					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>[Signature]</u> <u>DAISY GAINZA</u> <u>3/15/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					