

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010239

Entity Name: A & D MEDICAL CENTER INC.

FILED
Feb 17, 2006
Secretary of State

Current Principal Place of Business:

654 N UNIVERSITY DR
PEMBROKE PINES, FL 33024

New Principal Place of Business:

3750 W 16 AVE
206
HIALEAH, FL 33012

Current Mailing Address:

654 N UNIVERSITY DR
PEMBROKE PINES, FL 33024

New Mailing Address:

3750 W 16 AVE
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:

ALEXEY CONCEPCION PACHECO
654 N UNIVERSITY DR
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

ALAMO, NOEL
5390 W 2 AV
HIALEAH, FL 33012 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: NOEL ALAMO

02/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAINZA, DAISY
Address: 654 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V (X) Delete
Name: GAINZA, MANUEL D
Address: 654 N UNIVERISTY DR
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ST (X) Delete
Name: ALEXEY CONCEPCION PA, CHECO
Address: 654 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALAMO, NOEL
Address: 5390 W 2 AV
City-St-Zip: HIALEAH, FL 33012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NOEL ALAMO

P

02/17/2006

Electronic Signature of Signing Officer or Director

Date