

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010715

FILED
Apr 15, 2006
Secretary of State

Entity Name: MEDCHOICE HEALTH CENTERS, INC

Current Principal Place of Business:

8212 WEST FLAGLER STREET
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8212 WEST FLAGLER STREET
MIAMI, FL 33144

New Mailing Address:

FEI Number: 03-0506056 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRICE, MAX R ESQ
6701 SUNSET DR., STE. 104
MIAMI, FL 33143 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: D () Delete
Name: TIRADO, ALEXANDER
Address: 8212 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: OTERO, JUAN O MD
Address: 8212 WEST FLAGLER STREEET
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALEXANDER TIRADO

D

04/15/2006

Electronic Signature of Signing Officer or Director

_____ Date