

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015157

FILED
Jan 13, 2006
Secretary of State

Entity Name: MAGESTIC MEDICAL CENTER, INC.

Current Principal Place of Business:

3818 WEST 16TH AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3818 WEST 16TH AVENUE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-1170686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBA, ROBERTO
1925 SW 82 COURT
MIAMI, FL 33155 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: PD () Delete
Name: ALBA, ROBERTO
Address: 1925 SW 82 COURT
City-St-Zip: MIAMI, FL 33155

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 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: ROBERTO ALBA

PD

01/13/2006

Electronic Signature of Signing Officer or Director

Date