2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000039033

Entity Name: LAURA MEDICAL CENTER, INC.

FILED Nov 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5840 SW 8 ST STE 1 MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

5840 SW 8 ST STE 1 MIAMI, FL 33144

FEI Number: 13-4248649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FELIU, ALEXEI A PEREZ, JESUS 5840 SW 8 ST STE 1 5840 SW 8 ST STE 1 MIAMI, FL 33144 US MIAMI, FL 33144 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: JESUS PEREZ 11/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTV () Delete Title: PSTV (X) Change () Addition

 Name:
 FELIU, ALEXEI A
 Name:
 PEREZ, JESUS

 Address:
 5840 SW 8 ST STE 1
 Address:
 5840 SW 8 ST STE 1

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33144

Title: D (X) Delete Title: () Change () Addition

 Name:
 FELIU, ALEXEI A
 Name:

 Address:
 5840 SW 8 ST STE 1
 Address:

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JESUS PEREZ PSTV 11/06/2007