

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041157

FILED
Apr 20, 2006
Secretary of State

Entity Name: DADE COUNTY HEALTH CENTER, INC.

Current Principal Place of Business:

10300 SW 53 ST
MIAMI, FL 33165

New Principal Place of Business:

13800 SW 8TH ST
MIAMI, FL 33184 US

Current Mailing Address:

10300 SW 53 ST
MIAMI, FL 33165

New Mailing Address:

13800 SW 8TH ST
MIAMI, FL 33184 US

FEI Number: 68-0549244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSALES, FIDEL
10300 SW 53 ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

ROSALES, FIDEL
13800 SW 8TH ST
MIAMI, FL 33184 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: FIDEL ROSALES

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSALES, FIDEL
Address: 10300 SW 53 ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSALES, FIDEL
Address: 13800 SW 8TH ST
City-St-Zip: MIAMI, FL 33184 US

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: FIDEL ROSALES

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date