

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047400

Entity Name: KALICH MEDICAL CENTER CORP.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

875 E. 10 AVENUE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

875 E. 10 AVENUE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 03-0517050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALICH, DIANA
965 W. 29TH STREET, #10
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

SANCHEZ, DIANA
176 E 58 ST
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: DIANA SANCHEZ

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: KALICH, DIANA
Address: 965 W. 29 STREET, #10
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANCHEZ, DIANA
Address: 176 E 58 ST
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANA SANCHEZ

P

04/14/2005

Electronic Signature of Signing Officer or Director

Date