

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051338

FILED
Feb 07, 2008
Secretary of State

Entity Name: A+ MEDICAL CENTER, INC.

Current Principal Place of Business:

4301 NORTH FEDERAL HIGHWAY
SUITE 4
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4301 NORTH FEDERAL HIGHWAY
SUITE 4
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 58-2668778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOMGARDEN, PAUL M
PINE ISLAND COMMONS #208
8551 WEST SUNRISE BLVD.
FORT LAUDERDALE, FL 33322 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: BELINE, RONALD M
Address: 1669 S.E. 7 STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: MORENO, VICTORIA
Address: 3080 N.E. 12 AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

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 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: RONALD BELINE

D

02/07/2008

Electronic Signature of Signing Officer or Director

_____ Date