

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000072268					
1. Entity Name PRAINO MEDICAL CENTER, CORP.					
Principal Place of Business 1490 WEST 68TH STREET STE 103 & 104 HIALEAH, FL 33014			Mailing Address 1490 WEST 68TH STREET STE 103 & 104 HIALEAH, FL 33014		
2. Principal Place of Business 2272 SW 7 ST		3. Mailing Address 2272 SW 7 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 04-3765577	
Zip 33135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA CRUZ, LILIAN 15608 SW 10 ST MIAMI, FL 33194			7. Name and Address of New Registered Agent Name: OSVALDO SOTOLONGO Street Address (P.O. Box Number is Not Acceptable): 2272 SW 7 ST City: MIAMI FL Zip Code: 33135		
8. The above named entity submitted the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 6/9/05					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSTD	NAME SOTOLONGO, OSVALDO		TITLE PRESIDENT	NAME OSVALDO SOTOLONGO	
STREET ADDRESS 15608 SW 10 STREET	CITY - ST - ZIP MIAMI, FL 33194		STREET ADDRESS 2272 SW 7 ST MIAMI FL	CITY - ST - ZIP 33135	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			300056400963 06/21/05--01061--002 **150.00		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: DATE: 6/9/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
05 JUN 10 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06092005 Chg-P CR2E034 (10/03)