


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90099 013 ***150.00

DOCUMENT # P03000079573		
1. Entity Name ISAR MEDICAL CENTER, INC.		

Principal Place of Business 1800 SW 1ST STREET 101 MIAMI, FL 33135	Mailing Address 1800 SW 1ST STREET 101 MIAMI, FL 33135
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40047538



2. Principal Place of Business - No P.O. Box # 42 N.W. 27th Ave Suite, Apt. #, etc. 321 A	3. Mailing Address 42 N.W. 27th Ave Suite, Apt. #, etc. 321 A
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03142007 Chg-P CR2E034 (12/06)

City & State Miami	City & State Miami
Zip 33125	Country Dade

4. FEI Number 77-0604680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEGRIN, MISBEL 1800 SW 1ST STREET 101 MIAMI, FL 33135	
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7. Name and Address of New Registered Agent	
Name Isabel Medina	
Street Address (P.O. Box Number is Not Acceptable) 42 N.W. 27th Ave	
City Miami	FL Zip Code 33125

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEGRIN, MISBEL 1800 SW 1ST STREET MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Isabel Medina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 42 N.W. 27th Ave Miami, FL 33125 President
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* 3/14/07 (305) 612-6828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #