2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# P03000081595

Entity Name: VICTORIA MEDICAL CENTER, INC.

Current Principal Place of Business:

2060 BISCAYNE BLVD., 2ND FLOOR
MIAMI, FL 33137

New Principal Place of Business:

2665 S BAYSHORE DRIVE
PH2A
MIAMI, FL 33133

Current Mailing Address:

2060 BISCAYNE BLVD., 2ND FLOOR
MIAMI, FL 33137

New Mailing Address:

2665 S BAYSHORE DRIVE
PH2A
MIAMI, FL 33133

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, EZRA
2665 S. BAYSHORE DRIVE, PH2A
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

KATZ, EZRA
2665 S BAYSHORE DRIVE
PH2A
MIAMI, FL 33133 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: 07/07/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRAMAN, NORMAN
Address: 2060 BISCAYNE BLVD 2 FL
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NORMAN BRAMAN D 07/07/2005
Electronic Signature of Signing Officer or Director — Date