2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

DOCUMENT# P03000114450

Entity Name: REFLEXION MEDICAL CENTER, INC.

Current Principal Place of Business:

1250 SOUTHWEST 27 AVENUE
SUITE 306
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1250 SOUTHWEST 27 AVENUE
SUITE 306
MIAMI, FL 33135

New Mailing Address:

FEI Number: 56-2407371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRERA, CARLOS
3609 SOUTHWEST 16 TERRACE
MIAMI, FL 33145 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: PD ( ) Delete
Name: HERRERA, CARLOS
Address: 3609 SOUTHWEST 16 TERRACE
City-St-Zip: MIAMI, FL 33145

Title: VPD ( ) Delete
Name: ALFONSO, MAYRA ROSA
Address: 1012 NW 31 AVENUE
City-St-Zip: MIAMI, FL 33125

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 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: CARLOS HERRERA P 03/02/2006

Electronic Signature of Signing Officer or Director Date