## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000125520

Entity Name: FLORIDA MEDICAL CENTER & ASSOCIATES, CORP.

FILED Jun 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7913 NW 2 STREET MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

7913 NW 2 STREET MIAMI, FL 33126

FEI Number: 68-0572335 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ORTEGA, CLAUDIA
7913 NW 2 STREET
MIAMI, FL 33126 US
ROA, MARTHA L
7913 NW 2 STREET
MIAMI, FL 33126 US
MIAMI, FL 33126 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: MARTHA L. ROA 06/30/2006

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PVST ( ) Delete Title: PVST (X) Change ( ) Addition

 Name:
 ORTEGA, CLAUDIA
 Name:
 ROA, MARTHA L

 Address:
 7913 NW 2 STREET
 Address:
 7913 NW 2 STREET

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33126

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: MARTHA L. ROA P 06/30/2006