2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000126093

1. Entity Name
AMERICAN MEDICAL CENTER INC

FILED
05 FEB 10 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3383 NW 7 ST SUITE 206 MIAMI, FL 33125	3383 NW 7 ST SUITE 206 MIAMI, FL 33125

02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2360 NW 36ST	2360 NW 36ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: FLORIDA, MIAMI
Zip: 33142 Country: MIAMI-DADE	Zip: 33142 Country: MIAMI-DADE

4. FEI Number: 30-0212561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, JULIO 3383 NW 7 ST SUITE 206 MIAMI, FL 33125	Name: JULIO GARCIA Street Address (P.O. Box Number is Not Acceptable): 2360 NW 36 ST City: MIAMI FL Zip Code: 33142

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 _____ 2-9-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD GARCIA, JULIO 3383 NW 7 ST SUITE 206 MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT RODOLFO VILARINO 2360 NW 36 ST MIAMI FL 33142	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300046818773 02/17/05--01062--003 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 2-9-05 305-635 1686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #