2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# P03000130350

Entity Name: MEDICAL PARK OF FLORIDA CITY, INC.

Current Principal Place of Business:

676 WEST PALM DR.
FLORIDA CITY, FL 33034

New Principal Place of Business:

646 WEST PALM DR.
FLORIDA CITY, FL 33034

Current Mailing Address:

676 WEST PALM DR.
FLORIDA CITY, FL 33034

New Mailing Address:

646 WEST PALM DR.
FLORIDA CITY, FL 33034

FEI Number: 65-0569939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WELLISCH, IRA S
10000 S.W. 122ND TERRACE
MIAMI, FL 33176 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: PRES ( ) Delete
Name: WELLISCH, IRA S PRES
Address: 10000 SW 122 TERR
City-St-Zip: MIAMI, FL 33176

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 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: IRA WELLISCH PRES 03/15/2007

Electronic Signature of Signing Officer or Director Date