2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000143773

FILED
May 12, 2008
Secretary of State

Entity Name: HUMANITY HEALTH MEDICAL CENTER INC.

Current Principal Place of Business:

7117 WEST FLAGLER ST
MIAMI, FL 33144

New Principal Place of Business:

5040 NW 7 ST
SUITE 414
MIAMI, FL 33126 US

Current Mailing Address:

7117 WEST FLAGLER ST
MIAMI, FL 33144

New Mailing Address:

PO BOX 44169
MIAMI, FL 33144

FEI Number: 54-2136674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, CARLOS S
7117 W FLAGLER ST
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

HERNANDEZ, CARLOS S
5040 NW 7 ST
SUITE 414
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: CARLOS HERNANDEZ 05/12/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERNANDEZ, CARLOS S
Address: 7117 W FLAGLER ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HERNANDEZ, CARLOS S
Address: 5040 NW 7 ST, SUITE 414
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify 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 HERNANDEZ PD 05/12/2008
Electronic Signature of Signing Officer or Director Date