

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000144012

Entity Name: M.G. MEDICAL CENTER, INC.

FILED
May 16, 2005
Secretary of State**Current Principal Place of Business:**285 NW 27 AVE
SUITE 16
MIAMI, FL 33125**New Principal Place of Business:****Current Mailing Address:**285 NW 27 AVE
SUITE 16
MIAMI, FL 33125**New Mailing Address:**

FEI Number: 02-0712629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:TORRES, ISABEL
720 W 75 STREET
HIALEAH, FL 33014 US**Name and Address of New Registered Agent:**GONZALEZ, FERMIN
285 NW 27 AVENUE
SUITE 16
MIAMI, FL 33125 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: FERMIN GONZALEZ

05/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: T () Delete
Name: TORRES, ISABEL
Address: 720 W 75 STREET
City-St-Zip: HIALEAH, FL 33014Title: DPS (X) Delete
Name: FERMIN, GONZALEZ B
Address: 2391 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33175**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DPST (X) Change () Addition
Name: GONZALEZ, FERMIN
Address: 285 NW 27 AVENUE
City-St-Zip: MIAMI, FL 33125Title: () 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 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 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: FERMIN GONZALEZ

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05/16/2005

Electronic Signature of Signing Officer or Director

Date