

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154533

FILED
Apr 27, 2007
Secretary of State

Entity Name: O R D MEDICAL CENTER INC.

Current Principal Place of Business:

8578 SW 8TH ST
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8578 SW 8TH ST
MIAMI, FL 33144

New Mailing Address:

FEI Number: 16-1692202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, OSMANY
1900 W 68 ST STE 403-B
HIALEAH, FL 33014 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: PD () Delete
Name: RODRIGUEZ, OSMANY
Address: 8578 S.W. 8 ST.
City-St-Zip: MIAMI, FL 33144

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: DOMINGUEZ, CELIA Y
Address: 12830 SW 47 ST
City-St-Zip: MIAMI, FL 33175

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: OSMANY RODRIGUEZ

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04/27/2007

Electronic Signature of Signing Officer or Director

Date