

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90024 004 ***150.00

DOCUMENT # P04000008462	
1. Entity Name	
FIRST MEDICAL CENTER INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1140 W 50 ST, STE 400		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33012	Country	Zip	Country

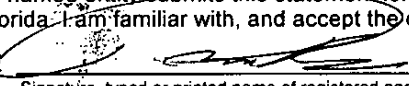
DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1464422		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RICHARD RIVAS	
Street Address (P.O. Box Number is Not Acceptable) 8466 NW 201 TR	
City MIAMI	Zip Code 33015

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  RIVAS, RICHARD	2/16/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE P	NAME RIVAS, RICARCO	TITLE	
STREET ADDRESS 8466 NW 201 TR	CITY-ST-ZIP MIAMI, FL 33015	STREET ADDRESS	
TITLE VP	NAME RIVAS, RICHARD	TITLE	
STREET ADDRESS 8466 NW 201 TR	CITY-ST-ZIP MIAMI, FL 33015	STREET ADDRESS	
TITLE S	NAME CARRILLO, PEDRO L	TITLE	
STREET ADDRESS 1439 W 49 PL	CITY-ST-ZIP HIALEAH, FL 33012	STREET ADDRESS	
TITLE T	NAME SOUSA, ICELA	TITLE	
STREET ADDRESS 4240 PALMETTO TRAIL	CITY-ST-ZIP WESTON, FL 33331	STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	RIVAS, RICARDO, PRESIDENT	2/16/2006	(305) 821-2182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #