

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009656

Entity Name: MCJ MEDICAL CENTER CORP.

FILED
Jan 26, 2005
Secretary of State

Current Principal Place of Business:

4790 NW 7TH ST.
STE 297
MIAMI, FL 33126

New Principal Place of Business:

6501NW36 ST.
STE 387
VIRGINIA GARDENS, FL 33166

Current Mailing Address:

4790 NW 7TH ST.
STE 297
MIAMI, FL 33126

New Mailing Address:

6501 NW 36 ST.
STE #387
VIRGINIA GARDENS, FL 33166

FEI Number: 20-0605487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, JANET
11011 NW 62ND COURT
HIALEAH, FL 33012 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: PSD () Delete
Name: MARTINEZ, JANET
Address: 11011 NW 62ND CT.
City-St-Zip: HIALEAH, FL 33012

Title: VD () Delete
Name: FERNANDEZ, VIOLETA
Address: 11011 NW 62ND CT.
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JANET MARTINEZ

PRES

01/26/2005

Electronic Signature of Signing Officer or Director

Date