

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 10, 2006 08:00 AM

Secretary of State

DOCUMENT # P04000009656

1. Entity Name
MCJ MEDICAL CENTER CORP.



Principal Place of Business
**6501 NW 36 ST.
STE 387
VIRGINIA GARDENS, FL 33166**

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



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0605487

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, JANET
11011 NW 62ND COURT
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RODRIGUEZ, MAYISLEIDIS
6501 NW 36 STREET, SUITE 387
VIRGINIA GARDENS, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/22/06-80062-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address of a third party or like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAYISLEIDIS, RODRIGUEZ
PRESIDENT**

03/02/06

Date

Daytime Phone #