

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 032 ***150.00

DOCUMENT # P04000010226	
1. Entity Name A P C MEDICAL CENTER INC	



Principal Place of Business 4315 NW 7 STREET 38-39 MIAMI, FL 33126 US	Mailing Address 4315 NW 7 STREET 38-39 MIAMI, FL 33126 US
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40021343



2. Principal Place of Business - No P.O. Box # 1300 SW 152 PL	3. Mailing Address 1300 SW 152 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02062007 Chg-P CR2E034 (12/06)

City & State Miami FL	City & State Miami FL
Zip 33194	Zip 33194
Country DADE	Country DADE

4. FEI Number 20-0599144	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PUJOL, ADOLFO 4315 NW 7 STREET 38-39 MIAMI, FL 33126	
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7. Name and Address of New Registered Agent	
Name Pujol Adolfo	
Street Address (P.O. Box Number is Not Acceptable) 1300 SW 152 PLACE	
City Miami	FL Zip Code 33194

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, 2007 Fee will be \$550.00	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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUJOL, ADOLFO 75 W. 30 STREET APT 5 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUJOL Adolfo 1300 SW 152 PLA Miami FL 33194 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* **02/06/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #