2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# P04000021883

Entity Name: PROLIFE MEDICAL CENTER, INC.

Current Principal Place of Business:

5590 W. 20TH AVE.
SUITE 403
HIALEAH, FL 33016

New Principal Place of Business:

5590 W. 20TH AVE.
SUITE 402
HIALEAH, FL 33016

Current Mailing Address:

5590 W. 20TH AVE.
SUITE 403
HIALEAH, FL 33016

New Mailing Address:

5590 W. 20TH AVE.
SUITE 402
HIALEAH, FL 33016

FEI Number: 34-1976470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, ISABEL
5841 W 3 AVE
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LEON, ISABEL
Address: 5841 W 3 AVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ISABEL LEON DP 06/30/2005

Electronic Signature of Signing Officer or Director Date