2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# P04000028767

Entity Name: RIVERWALK MEDICAL CENTER, INC.

Current Principal Place of Business:

51 J AVENUE
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

3200 SW 12 AVE
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 20-0717716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, MAYRENE
850 SW 189 AVE
PEMBROKE PINES, FL 33029 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: CEOP ( ) Delete
Name: HERNANDEZ, MAYRENE
Address: 51 J AVENUE
City-St-Zip: MOORE HAVEN, FL 33471

Title: VS ( ) Delete
Name: GUTIERREZ, NEREYDA
Address: 51 J AVENUE
City-St-Zip: MOORE HAVEN, FL 33471

Title: COOM ( ) Delete
Name: HERNANDEZ, ALBERTO
Address: 51 J AVE
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: MAYRENE HERNANDEZ CEOP 01/08/2006

Electronic Signature of Signing Officer or Director Date