2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006
Secretary of State

DOCUMENT# P04000030339

Entity Name: MEDICAL AND HOSPITAL MANAGEMENT, INC.

Current Principal Place of Business:

5629 AMERICAN CIRCLE
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5629 AMERICAN CIRCLE
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 20-0753532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARFINKLE, PAUL
5629 AMERICAN CIRCLE
DELRAY BEACH, FL 33484 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: P ( ) Delete
Name: CAINS, FREDERICK
Address: 315 EAST 65TH STREET
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CAINS, FREDERICK
Address: 430 E. 86TH STREET
City-St-Zip: NEW YORK, NY 10028

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: FREDERICK CAINS P 07/25/2006

Electronic Signature of Signing Officer or Director Date