

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035974

FILED
Sep 07, 2005
Secretary of State

Entity Name: LIFELINE MEDICAL CENTER INC.

Current Principal Place of Business:

2994 NW 7 STREET
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

2994 NW 7 STREET
MIAMI, FL 33125

New Mailing Address:

FEI Number: 06-1719554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ-NODA, PETER
2994 NW 7 STREET
MIAMI, FL 33125 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: MARTINEZ-NODA, PETER
Address: 2994 NW 7 STREET
City-St-Zip: MIAMI, FL 33125

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: PETER MARTINEZ-NODA

P

09/07/2005

Electronic Signature of Signing Officer or Director

Date