

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040316

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: HEALTH TRUST MEDICAL CARE, INC.

## Current Principal Place of Business:

11601 BISCAYNE BOULEVARD  
SUITE 307  
NORTH MIAMI, FL 33181 US

## New Principal Place of Business:

## Current Mailing Address:

11601 BISCAYNE BOULEVARD  
SUITE 307  
NORTH MIAMI, FL 33181 US

## New Mailing Address:

FEI Number: 84-1639654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ-DIAZ, ARNALDO M  
151 SW 135 TERRACE  
A-312T  
PEMBROKE PINES, FL 33027 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: PD ( ) Delete  
Name: ARNALDO MIGUEL FERNA, NDEZ-DIAZ  
Address: 151 SW 135 TERRACE, A-312 T  
City-St-Zip: PEMBROKE PINES, FL 33027 US

## 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 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: ARNALDO M. FERNANDEZ-DIAZ

PD

01/05/2007

Electronic Signature of Signing Officer or Director

Date