2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P04000080303

Entity Name: PEARL MEDICAL CENTER, INC

Current Principal Place of Business:

4850 N STATE ROAD 7
BUILDING G, SUITE 116
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4850 N STATE ROAD 7
BUILDING G, SUITE 116
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 20-1141165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMSONIAN, ASHOT
4850 N STATE RD 7
BUILDING G, UNIT 116
LAUDERDALE LAKES, FL 33316 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: P ( ) Delete
Name: SAMSONIAN, ASHOT
Address: 1380 NE MIAMI GARDENS DR SUITE 138
City-St-Zip: N MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SAMSONIAN, ASHOT
Address: 4850 N STATE ROAD 7 BLDG G SUITE 116
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

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: ASHOT SAMSONIAN P 04/19/2006

Electronic Signature of Signing Officer or Director Date