

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082362

FILED
Mar 31, 2005
Secretary of State

Entity Name: K & A MEDICAL CENTER INC.

Current Principal Place of Business:

1925 BRICKELL AVENUE
SUITE D206
MIAMI, FL 33129

New Principal Place of Business:

3383 NW 7TH STREET
SUITE 109
MIAMI, FL 33125

Current Mailing Address:

1925 BRICKELL AVENUE
SUITE D206
MIAMI, FL 33129

New Mailing Address:

3383 NW 7TH STREET
SUITE 109
MIAMI, FL 33125

FEI Number: 54-2153025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CORPORATE REGISTRY
1925 BRICKELL AVENUE
SUITE D206
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

DIAZ, MARTA H
3383 NW 7TH STREET
SUITE 109
MIAMI, FL 33125 US

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: MARTA H DIAZ

03/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIAZ, MARTHA H
Address: 3383 NW 7TH ST.
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIAZ, MARTA H
Address: 3383 NW 7TH ST. # 109
City-St-Zip: MIAMI, FL 33125

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: MARTA H DIAZ

D

03/31/2005

Electronic Signature of Signing Officer or Director

Date