

FILED
Jul 05, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000096927			
1. Entity Name STARMED MEDICAL CENTER #2, INC.			
Principal Place of Business 2491 NW 7TH STREET MIAMI, FL 33125	Mailing Address 2491 NW 7TH STREET MIAMI, FL 33125		
DO NOT WRITE IN THIS SPACE			
		06182007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 43-2054233	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMA, FRANK 875 E 52 ST HIALEAH, FL 33013		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000767170 07/06/07-80003-012 158.75	
TITLE	P		
NAME	PALMA, FRANKLIN		
STREET ADDRESS	875 E 52 ST		
CITY-ST-ZIP	HIALEAH, FL 33013		
TITLE			
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CITY-ST-ZIP			
TITLE			
NAME			
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CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Franklin Palma</u>		06/18/2007 305-4063540	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	