


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90008 002 ***150.00


DOCUMENT # P04000101390

1. Entity Name
DORAL ORIENTAL MEDICINE CENTER, INCORPORATED



Principal Place of Business Mailing Address
2445 NW 97 AVENUE **PO BOX 441246**
DORAL, FL 33172 **MIAMI, FL 33144**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0518469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE
2445 NW 97 AVENUE
DORAL, FL 33172

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANDUCA-MARQUEZ, VIVIAN 2445 NW 97 AVENUE DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELOS RIOS, ALESSANDRA 2445 NW 97 AVENUE DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARQUEZ, JOSE 2445 NW 97 AVENUE DORAL, FL 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jose Marquez Date: 2-6-06 / (786) 218-1327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #