


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000101390 1. Entity Name DORAL ORIENTAL MEDICINE CENTER, INCORPORATED	
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Principal Place of Business 2445 NW 97 AVENUE DORAL FL 33172	Mailing Address PO BOX 441246 MIAMI FL 33144
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 51-0518469	Applied For <input type="checkbox"/> 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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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		Delete
TITLE	DP	<input type="checkbox"/>
NAME	MANDUCA-MARQUEZ, VIVIAN	
STREET ADDRESS	2445 NW 97 AVENUE	
CITY - ST - ZIP	DORAL FL 33172	
TITLE	V	<input type="checkbox"/>
NAME	DELOS RIOS, ALESSANDRA	
STREET ADDRESS	2445 NW 97 AVENUE	
CITY - ST - ZIP	DORAL FL 33172	
TITLE	ST	<input type="checkbox"/>
NAME	MARQUEZ, JOSE	
STREET ADDRESS	2445 NW 97 AVENUE	
CITY - ST - ZIP	DORAL FL 33172	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	U00000606755		
CITY - ST - ZIP	01/31/07-80010-018 150.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 1/26/07 / (706) 218-1327

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