

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90002 001 ***150.00

DOCUMENT # P04000108788			
1. Entity Name ANGEL'S U.S.A. MEDICAL CENTER INC.			
Principal Place of Business 85 GRAND CANAL DR SUITE 405 MIAMI, FL 33144		Mailing Address 85 GRAND CANAL DR SUITE 405 MIAMI, FL 33144	
2. Principal Place of Business 7500 NW 25th Street Suite, Apt. #, etc. Suite 210 City & State Miami, FL Zip 33144		3. Mailing Address 7500 NW 25th Street Suite, Apt. #, etc. Suite 210 City & State Miami, FL Zip 33144	
		4. FEI Number 56-2474572	
		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, NORLAN 85 GRAND CANAL DR. STE. 405 MIAMI, FL 33144		7. Name and Address of New Registered Agent Name LOPEZ, NORLAN Street Address (P.O. Box Number is Not Acceptable) 7500 NW 25th Street SUITE 210 City MIAMI FL Zip Code 33144	
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 renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, NORLAN 85 GRAND CANAL DR., STE. 405 MIAMI, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, NORLAN 7500 NW 25th STREET MIAMI, FL 33144 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		4/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	