APPROV... AND FILED

06 APR 27 AM 11:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000134904

1. Entity Name
MEDLINK WELLNESS & MEDICAL CENTERS INC

Principal Place of Business	Mailing Address
~~5300 NW 77TH CT~~ ~~MIAMI, FL 33166~~	~~5300 NW 77TH CT~~ ~~MIAMI, FL 33166 US~~

04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
~~701 E Okeechobee Rd~~	~~701 E Okeechobee Rd~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~Hialeah, Florida~~	City & State: ~~Hialeah, Florida~~
Zip: ~~33010~~ Country: ~~USA~~	Zip: ~~33010~~ Country: ~~USA~~

4. FEI Number: 86-1115679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HEEMAN, ANDREW~~ ~~9610 SW 11 STREET~~ ~~PEMBROKE PINES, FL 33025~~	Name Street Address (P.O. Box Number is Not Acceptable) 701 E Okeechobee Rd City: Hialeah FL Zip Code: 33010

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating]

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEEMAN, ARRIF A ~~9610 SW 11 STREET~~ ~~PEMBROKE PINES, FL 33025~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EDUARDO, HERNADEZ 5300 NW 77TH CT MIAMI, FL 33166	☒ 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 800073454678 05/01/06--01032--017 **450.00
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ April 25, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #