

2006 FOR PROFIT CORPORATION ANNUAL REPORT

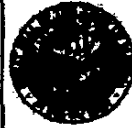
APPROVED
AND
FILED

06 APR 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000134904

1. Entity Name
MEDLINK WELLNESS & MEDICAL CENTERS INC



Principal Place of Business
5300 NW 77TH CT
MIAMI, FL 33166

Mailing Address
5300 NW 77TH CT
MIAMI, FL 33166 US



2. Principal Place of Business

3. Mailing Address

701 E Okeechobee Rd
Suite, Apt. #, etc.

701 E Okeechobee Rd
Suite, Apt. #, etc.

04252006

Chg-P

CR2E034 (11/05)

City & State

Hialeah, Florida

City & State

Hialeah, Florida

4. FE Number

86-1115679

Applied For

Not Applicable

Zip

33010

Country

USA

Zip

33010

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEEMAN, ANDREW
9810 SW 11 STREET
PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$650.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HEEMAN, ARUF A
STREET ADDRESS 9810 SW 11 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33025 ☐ Delete

TITLE VP
NAME EDUARDO, HERNANDEZ
STREET ADDRESS 5300 NW 77TH CT
CITY-ST-ZIP MIAMI, FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 effort like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

APR 25, 2006
Date

Daytime Phone #