

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139574

FILED
May 01, 2006
Secretary of State

Entity Name: HIGH STANDARD MEDICAL CENTER CORP.

Current Principal Place of Business:

16455 NE 6TH AVENUE
N MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

15181 NW 1 STREET
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 14-1916352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AFOLABI, ALADE
15181 NW 1 STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FILS, JEANNE
Address: 1099 BIRCHWOOD ROAD
City-St-Zip: WESTON, FL 33327 US

Title: VP () Delete
Name: AFOLABI, ALADE
Address: 15181 NW 1 STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP () Delete
Name: DARGENSON, MARIE
Address: 16455 NE 6TH AVENUE
City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: VP () Delete
Name: FRANCOIS, FRANTZ
Address: 16455 NE 6TH AVENUE
City-St-Zip: N MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AFOLABI ALADE

VP

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date