# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2007**
**Secretary of State**

DOCUMENT# P04000139574

**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 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: JEANNE FILS PRES 05/01/2007

Electronic Signature of Signing Officer or Director Date