

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90156 007 ***155.00

DOCUMENT # P04000150476 1. Entity Name MEGA-CARE MEDICAL CENTER, INC.			
Principal Place of Business 2125 BISCAYNE BLVD 320 MIAMI, FL 33137		Mailing Address 2125 BISCAYNE BLVD 320 MIAMI, FL 33137	
2. Principal Place of Business 7392 NW 35 TERRACE Suite, Apt. #, etc. 306 City & State Miami, FL Zip 33122 Country USA.		3. Mailing Address 7392 NW 35 TERRACE Suite, Apt. #, etc. 306 City & State Miami, FL Zip 33122 Country USA.	
4. FEI Number 20-1849359		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03032005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CASTRO, MAGDIEL 2125 BISCAYNE BLVD 320 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name YOANY RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 10790 SW 57 TERR City Miami FL 33173	
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 YOANY RODRIGUEZ DATE 3/3/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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	PD CASTRO, MAGDIEL 2125 BISCAYNE BLVD, STE 320 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. YOANY RODRIGUEZ 10790 SW 57 TERR MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, YOANY 10790 SW 57 TERRACE MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MAGDIEL CASTRO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 03/03/05 Daytime Phone # 305-716-7664	

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