## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000155641**

1. Entity Name

TORIBIO MEDICAL CENTER, INC.



Principal Place of Business

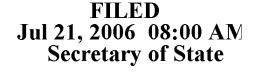
2189 W 60TH STREET

#204 HIALEAH, FL 33016 Mailing Address

2189 W 60TH STREET

#204

HIALEAH, FL 33016





DO NOT WRITE IN THIS SPACE	DO	NOT	WRIT	E IN	THIS	SPA	CE
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6. Name and Address of Current Registered Agent

07102006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1890362

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

TORIBIO, ERNESTO 2189 W 60 ST 204 HIALEAH, FL 33016

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SIGNATURE.	Signature, typed or printed name of registered agent and to	tie if applicable. (NOTE	s Agent signature	gent signature required when reinstating) DATE		
FI D	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIR	ECTORS	1			
NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, MIGUEL 750 EAST 42 ST. HIALEAH, FL 330132354					U00000571675 07/21/06-80007-006 150.00
*.*.				1		الوائل والوائرية المائواليا والمائياتين فيلاما ويفيحه وواب

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-362-9199

Daytime Prione #