2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# P04000159067

Entity Name: ALBEL MEDICAL CENTER, INC,

Current Principal Place of Business:

4790 NW 7TH ST, SUITE 212
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

4790 NW 7TH ST, SUITE 212
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-1912178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANDO, IRAIDA
10090 NW 80 CT, APT 1438
HIALEAH, FL 33016 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PANDO, IRAIDA
Address: 10090 NW 80 CT, APT 1438
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: IRAIDA PANDO P 02/13/2006

Electronic Signature of Signing Officer or Director Date