2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000003613

Entity Name: IDEAL MEDICAL CENTER - HIALEAH, INC.

Current Principal Place of Business:

995 N. MIAMI BEACH BLVD.
SUITE # 100
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

3805 W. 20TH AVE
SUITE # 105
HIALEAH, FL 33012

Current Mailing Address:

995 N. MIAMI BEACH BLVD.
SUITE # 100
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 20-2116010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, WILFREDO
2200 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134 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: MOLINA, RODOLFO
Address: 4055 VENTURA AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP ( ) Delete
Name: GONZALEZ, WILFREDO
Address: 2200 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: BRAVO, OCTAVIO A
Address: 11782 SW 92ND TERR
City-St-Zip: MIAMI, FL 33186

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:

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: WILFREDO GONZALEZ VP 05/01/2006

Electronic Signature of Signing Officer or Director Date