2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P05000012612

Entity Name: CASTLE MEDICAL CENTER, INC.

Current Principal Place of Business:

2760 SW 6TH ST.
MIAMI, FL 33135

New Principal Place of Business:

2742 SW 8TH ST.
7
MIAMI, FL 33135

Current Mailing Address:

2760 SW 6TH ST.
MIAMI, FL 33135

New Mailing Address:

2742 SW 8TH ST.
7
MIAMI, FL 33135

FEI Number: 20-2225817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACEIRA, HECTOR
2760 SW 6TH ST.
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

MACEIRA, HECTOR
2742 SW 8TH ST.
7
MIAMI, FL 33135 US

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: HECTOR MACEIRA 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MACEIRA, HECTOR
Address: 2760 SW 6TH ST.
City-St-Zip: MIAMI, FL 33135

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MACEIRA, HECTOR
Address: 2742 SW 8TH ST. SUITE 7
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Change (X) Addition
Name: MACEIRA, HECTOR
Address: 2742 SW 8 STREET SUITE 7
City-St-Zip: MIAMI, FL 33135

Title: PD ( ) Change (X) Addition
Name: CASTLE MEDICAL CENTE, R INC
Address: 2742 SW 8 STREET SUITE 7
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Change (X) Addition
Name: MACEIRA, HECTOR
Address: 2742 SW 8 STREET SUITE 7
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Change (X) Addition
Name: CASTLE MEDICAL CENTE, R INC
Address: 2742 SW 8 STREET SUITE 7
City-St-Zip: MIAMI, FL 33135

Title: PD ( ) Change (X) Addition
Name: HECTOR MACEIRA,
Address: 2742 SW 8 STREET SUITE 7
City-St-Zip: MIAMI, FL 33135

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: HECTOR MACEIRA D 04/28/2006
Electronic Signature of Signing Officer or Director Date