2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

Daytime Phone #

ANNUAL KEPUKI							secretary of State					
DOCUMENT # P05000018136							04-28-2008 90398 014 ***150.00					
Entity Name												
DAILYN MEDICAL CENTER INC					N. S. T.	7						
				- [5						
Principal Place of Business Mailing Address												
7175 SW 8 STREET			7175 SW 8 STREET									
208		20	208									
MIAMI, FL 33144 US		M	MIAMI, FL 33144 US			•	 	1184 81781 8894 68111 89) 05:51 06: 1	ONEN HIBERO HALIB BAL		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
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Suite, Apt. #, etc.		5	Suite, Apt. #, etc.				04162008	Chg-P	CR2E	034 (12/06)		
City & State			City & State				4 CEI Number			ΙΔn	plied For	
City & State			City & State				4. FEI Number Applied For 20-2293479 Not Applicable					
Zip Country		Z	Zip Coun							\$8.75 Add		
						5. Certificate of Status Desired				Fee Required		
	6. Name and Address of Curr	ent Regist	tered Agent		Name		7. Name and A	ddress of New I	Registered	Agent		
MARTINEZ, IVETTE												
11800 SW 18 STREET, APT. 418 MIAMI, FL 33175					Street Add	iress (P.O. Box Number	is Not Acceptable	e)			
									_			
					City		,,,			Zip Code		
·					-				FL	-		
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.												
and domigration to trophotologically.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required							when reinstating)		DATE			
•		[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
FIL	E NOW!!! FEE IS \$150.00		9. Election Campai	•		\$ 5.	.00 May Be					
After M	ay 1, 2008 Fee will be \$55	50.00	Trust Fund Conti	ribution.	Ц	Add	ed to Fees					
10.	. OFFICERS A	ND DIREC	TORS	11.			ADDITIONS/C	HANGES TO OF	FICERS ANI	DIRECTORS	3 IN 11	
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12. I hereby certify that the information supplied will this filing 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 type 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 error wered 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 odd as, with all other like empowered.

SIGNATURE:

ATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Ode

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