

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000039472

FILED
Oct 13, 2006
Secretary of State**Entity Name:** VERZON MEDICAL CENTER, INC**Current Principal Place of Business:**3900 NW 79 AVE
233
MIAMI, FL 33166**New Principal Place of Business:****Current Mailing Address:**3900 NW 79 AVE
233
MIAMI, FL 33166**New Mailing Address:****FEI Number:** 20-2503689**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIAZ, HECTOR
3900 NW 79 AVE #233
206
MIAMI, FLORIDA, FL 33184 US**Name and Address of New Registered Agent:**RUBIO, RAISDEL
3900 NW 79 AVE #233
206
MIAMI, FLORIDA, FL 33184 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: RAISDEL RUBIO

10/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: DIAZ, HECTOR
Address: 3900 NW 79 AVE #233
City-St-Zip: MIAMI, FL 33166**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: RUBIO, RAISDEL
Address: 3900 NW 79 AVE #233
City-St-Zip: MIAMI, FL 33166

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: RAISDEL RUBIO

P

10/13/2006

Electronic Signature of Signing Officer or Director

Date