2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039643

Entity Name: GOLDEN STAR MEDICAL CENTER INC

FILED Feb 21, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

4517 PALM AVE 631 NW 129 AVE

STE 105 MIAMI, FL 33182 US HIALEAH, FL 33012 US

Current Mailing Address: New Mailing Address:

4517 PALM AVE 631 NW 129 AVE

STE 105 MIAMI, FL 33182 US HIALEAH, FL 33012 US

FEI Number: 20-2511280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ, LIDIA S
631 NW 129 AVE
MIAMI, FL 33182 US
DIAZ, JONATHAN
3100 SW 108 AVE
MIAMI, FL 33165 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: JONATHAN DIAZ 02/21/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition Name: DIAZ, LIDIA S Name: BIGNOTTE, ALEJANDRA

 Address:
 631 NW 129 AVE

 City-St-Zip:
 MIAMI, FL 33182 US

 Address:
 631 NW 129 AVE

 City-St-Zip:
 MIAMI, FL 33182 US

Address:
631 NW 129 AVE
City-St-Zip:
MIAMI, FL 33182 US

Title: () Delete Title: VPD () Change (X) Addition

 Name:
 Name:
 DIAZ, JONATHAN

 Address:
 Address:
 3100 SW 108 AVE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33165 US

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: ALEJANDRA BIGNOTTE P 02/21/2006