

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040404

FILED  
Jul 18, 2007  
Secretary of State

Entity Name: POWER MEDICAL CENTER,INC

**Current Principal Place of Business:**

10467 SW 40 STREET  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

10467 SW 40 STREET  
MIAMI, FL 33165 US

**New Mailing Address:**

FEI Number: 20-2505749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CASTANO, YOLANDA  
10467 SW 40 STREET  
MIAMI, FL 33165 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,VP ( ) Delete  
Name: CASTANO, YOLANDA  
Address: 10467 SW 40 STREET  
City-St-Zip: MIAMI, FL 33165 FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: YOLANDA CASTANO

P,VP

07/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date