


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90096 043 ***150.00

DOCUMENT # P05000040413 1. Entity Name DAILY MEDICAL CENTER, INC.					
Principal Place of Business 4882 N.W. 7TH STREET MIAMI, FL 33126			Mailing Address 4882 N.W. 7TH STREET MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 4864 NW 7 Street		3. Mailing Address 4864 NW & Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-2514731	
Zip 33126		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, JUAN CARLOS 4882 N.W. 7TH STREET MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Juan Carlos Perez Street Address (P.O. Box Number is Not Acceptable) 4864 NW 7 Street City Miami FL Zip Code 33126		
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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEREZ, JUAN CARLOS 4882 N.W. 7TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Juan Carlos Perez 4864 NW 7 Street Miami, FL 33126 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with 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 true 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 empowered 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 address, with all other like empowered.					
SIGNATURE: _____ 4/24/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					