2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# P05000041859

Entity Name: PASTEUR MEDICAL CENTER, INC.

Current Principal Place of Business:

4578 WEST 12 AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4578 WEST 12 AVENUE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-2749389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTHET, PATRICK C
200 S BISCAYNE BLVD., STE 1800
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: NECUZE, GERARDO
Address: 4578 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: NECUZE, GERARDO
Address: 200 SOUTH BISCAYNE BLVD. SUITE 1800
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Change (X) Addition
Name: PEREZ, LUIS A
Address: 200 SOUTH BISCAYNE BLVD. SUITE 1800
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Change (X) Addition
Name: ENRIQUEZ, MANUEL
Address: 200 SOUTH BISCAYNE BLVD. SUITE 1800
City-St-Zip: MIAMI, FL 33131

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: LUIS A. PEREZ VP 05/24/2007

Electronic Signature of Signing Officer or Director — Date