## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000049019						[	ŀ		
NEW BEGINNING MEDICAL CENTER, INC.						AR -6 PM			
11340 NW 48 TERR		Mailing Address 11340 NW 48 TERR MIAMI, FL 33178		SEC.: S. ATE TALLAMAS I. I., FLORIDA					
6090 W 18AUE		3. Mailing Address Same							
Suite, Apt.		Suite, Apt. #, etc.			03032006 Chg-P CR2E034 (11/05)				
City & State	1	City & State			4. FEI Number		Applied For Not Applicable		
Zip 3301	Country	Ζip	Country		5. Certificate	e of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current R	Registered Agent	Nome t		7. Name an	d Address of New F	Registered	Agent	
AZCUY, GLADIMIR 8932 NW 119TH TERR HIALEAH, FL 33018				OZ Idress (		Padro			
			609	0	$\mathcal{O}$ 1	8400			
			City H	ial.	eah		FL	Zip Cod	3012
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or	register	red agent, or b	oth, in the State of Fl	orida. Iam	familiar with,	and accept
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signatu	re required	d when reinstating)		DATE		·
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		<b>\$5</b> . Add	.00 May Be led to Fees				
TITLE	OFFICERS AND D		11,			CHANGES TO OFF			<b>-</b>
NAME	AZCUY, GLADIMIR	Delete	TITLE P.		rge 1	lada o g	<i>&gt;</i>	☐ Change	ddition
STREET ADDRESS . CITY-ST-ZIP	8932 NW 119TH TERR HIALEAH, FL 33018		STREET ADDRESS CITY-ST-ZIP	60'	90W aloah	18 AU &	ک		
title Name		Delete	title Name		•			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		⊞ ∩o7	3000 <b>68</b> 20/060102	111	833 **15	กกก
TITLE		☐ Delete	TITLE		UJ/C	<u> </u>	.; OI.	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street address City-St-Zip						
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE	,	□ Defete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					-	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	Addition
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemptions co	ontained	d in Chapter 11	9, Florida Statutes.	I further cer	tify that the i	nformation
of the corp changed,	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	wered to execute this report a	y signature shall ha as required by Cha	sve trie : pter 607	same legal effe 7, Florida Statu	es as it made under tes; and that my nam	oain; tnat l le appears i	am an omicer n Block 10 o	or airector r Block 11 if
SIGNAT	URE: SIGNATURE AND TYPED ON PE	INTED NAME OF SIGNING OFFICER O	NR DIRECTOR			Oate	<del></del>	Daytima Phone #	
	GIGHATURE AND TITED ON PE	MANUAL OF BRING OFFICER C	A MICOLOR			Date		Acylline Phone #	