

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90196 033 ***150.00

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DOCUMENT # P05000059408			
1. Entity Name ASCLEPIUS CENTER INC.			
Principal Place of Business 2850 PINE TREE DR., #7 MIAMI BEACH, FL 33140		Mailing Address 2850 PINE TREE DR., #7 MIAMI BEACH, FL 33140	
2. Principal Place of Business 15476 NW 77 Ct. Suite, Apt. #, etc. 226 City & State Miami Lakes, FL Zip 33016 Country USA		3. Mailing Address 15476 NW 77 Ct. Suite, Apt. #, etc. 226 City & State Miami Lakes, FL Zip 33016 Country USA	
6. Name and Address of Current Registered Agent PEREZ, HEGLIHS W 2850 PINE TREE DR #7 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name PEREZ Street Address (P.O. Box Number is Not Acceptable) 15476 NW 77 Ct. Suite 226 City Miami Lakes FL Zip Code 33016	
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 <u>Heglichs W. Perez / President</u> DATE <u>04/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P PEREZ, HEGLIHS W 2850 PINE TREE DR., #7 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEREZ (P) (Heglichs W. Perez) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15476 NW 77 Ct., Suite 226 Miami Lakes, FL 33016
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
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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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: <u>Heglichs W. Perez</u>		Date <u>04/27/06</u> Daytime phone # <u>(786) 423-2856</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	