2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073394

City-St-Zip:

Entity Name: MIDLAND MEDICAL - MIAMI SHORES, INC

FILED May 04, 2007 Secretary of State

Entry Name: Wildland Wedicae - Wilawii Shores, INC.					
Current Principal Place of Business:		New Prince	New Principal Place of Business:		
8642 N.E 2ND AVENUE EL PORTAL, FL 33138	US				
Current Mailing Address:		New Maili	New Mailing Address:		
P.O. BOX 380892 EL PORTAL, FL 33238 US			P.O BOX 530543 MIAMI SHORES, FL 33153 US		
FEI Number: 20-3117449	FEI Number Applied For ()	FEI Number Not Appl	icable () Certifi	icate of Status Desired	(X)
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
HACKNEY, ROBERT C ESQ. 11891 US HIGHWAY ONE STE. 100 NORTH PALM BEACH, FL 33408 US			SCHRIER, PAUL K 11098 BISCAYNE BLVD SUITE 208 MIAMI, FL 33161 US		
The above named entity in the State of Florida.	submits this statement for the pu	rpose of changing i	ts registered office or	r registered agent, o	r both,
SIGNATURE: PAUL SCHRIER			05/04/2007		
Electronic Signature of Registered Agent			Date		
	3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notic	e.		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: ROY, MALCOL	NE BLVD. STE. 203	Title: Name: Address: City-St-Zip:	SD (X) Change SCHRIER, PAUL K 11098 BISCAYNE BLVI MIAMI, FL 33161	e () Addition D. STE. 208	
Title: () Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	TD () Change BEHAR, MAURICIO 2817 EAST OAKLAND FORT LAUDERDALE, F		
Title: () Name: Address:	Delete	Title: Name: Address:	D () Change NEWMAN, DAVID 2817 EAST OAKLAND	e (X) Addition	

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.

City-St-Zip:

FORT LAUDERDALE, FL 33306

SIGNATURE: PAUL SCHRIER SD 05/04/2007