

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077743

FILED
Apr 06, 2006
Secretary of State

Entity Name: GOLDEN MEDICAL CENTER INC.

Current Principal Place of Business:

2775 W OKEECHOBEE RD - LOT 88
HIALEAH, FL 33010

New Principal Place of Business:

6363 TAFT STREET
308
HOLLYWOOD, FL 33024

Current Mailing Address:

2775 W OKEECHOBEE RD - LOT 88
HIALEAH, FL 33010

New Mailing Address:

6363 TAFT STREET
308
HOLLYWOOD, FL 33024

FEI Number: 83-0431373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZO, LUIS M
2775 W OKEECHOBEE RD - LOT 88
HIALEAH, FL 33010 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: D () Delete
Name: LAZO, LUIS M
Address: 2775 W OKEECHOBEE RD - LOT 88
City-St-Zip: HIALEAH, FL 33010

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: VALDES, OSVALDO
Address: 6363 TAFT STREET SUITE 308
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 MANUEL LAZO

PD

04/06/2006

Electronic Signature of Signing Officer or Director

Date