

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000079211

FILED
May 23, 2007
Secretary of State

Entity Name: MIDLAND MEDICAL NETWORK INCORPORATED

Current Principal Place of Business:

2817 EAST OAKLAND PARK BLVD
SUITE 302
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

P.O BOX 530543
MIAMI SHORES, FL 33153

New Mailing Address:

FEI Number: 20-3117395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRIER, PAUL K
11098 BISCAYNE BOULEVARD
STE 208
MIAMI, FL 33161 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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SCHRIER, PAUL K
Address: 11098 BISCAYNE BLVD. STE. 208
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: BEHAR, MAURICIO
Address: 2817 EAST OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: D () Delete
Name: NEWMAN, DAVID
Address: 2817 EAST OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: PD () Change (X) Addition
Name: NELSON, BOB
Address: 262 NE 98 STREET
City-St-Zip: MIAMI SHORES, FL 33138

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: BOB NELSON

PD

05/23/2007

Electronic Signature of Signing Officer or Director

Date