

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000099816

Entity Name: DAVIE MEDI CENTER INC.

**FILED**  
**Dec 07, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3181 DAVIE BLVD  
DAVIE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3181 DAVIE BLVD  
DAVIE, FL 33312

**New Mailing Address:**

FEI Number: 14-1936430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUNOZ, GUS  
3181 DAVIE BLVD  
DAVIE, FL 33312 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: P ( ) Delete  
Name: QUINTERO, OSCAR  
Address: 16802 SW 50TH ST  
City-St-Zip: MIRAMAR, FL 33027

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: O ( ) Change (X) Addition  
Name: SOLANO, TEDDY  
Address: 13202 NW 15 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

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: OSCAR QUINTERO

P

12/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date