2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000099816

FILED
Jul 07, 2009
Secretary of State

Entity Name: DAVIE MEDI CENTER INC.

Current Principal Place of Business:

2303 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2303 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

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:

HURTADO, ALFONSO
2303 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

HURTADO, ALFONSO
2303 HOLLYWOOD BLVD SUITE # 10
HOLLYWOOD, FL 33020 US

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: ______________________ 07/07/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P ( ) Delete
Name:	QUINTERO, OSCAR
Address:	2303 HOLLYWOOD BLVD
City-St-Zip:	HOLLYWOOD, FL 33020

Title:	O (X) Delete
Name:	SOLANO, TEDDY
Address:	2303 HOLLYWOOD BLVD
City-St-Zip:	HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 07/07/2009
Electronic Signature of Signing Officer or Director — Date