

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100885

Entity Name: D.R.L. MEDICAL CENTER, INC.

FILED
Mar 10, 2006
Secretary of State

Current Principal Place of Business:

6915 W 3RD AVE.
MIAMI, FL 33014

New Principal Place of Business:

551 WEST 51 PL
SUITE 204
HIALEAH, FL 33012

Current Mailing Address:

6915 W 3RD AVE.
MIAMI, FL 33014

New Mailing Address:

551 WEST 51 PL
SUITE 204
HIALEAH, FL 33012

FEI Number: 20-3181675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALLE, REYNOLIN
6915 W 3RD AVE.
MIAMI, FL 33014 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: P () Delete
Name: VALLE, REYNOLIN
Address: 6915 W 3RD AVE.
City-St-Zip: MIAMI, FL 33014

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRES () Change (X) Addition
Name: HERNANDEZ, LUIS
Address: 50 WEST 52 ST
City-St-Zip: HIALEAH, FL 33012

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: REYNOLIN VALLE

P

03/10/2006

Electronic Signature of Signing Officer or Director

Date