

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102681

Entity Name: HEALTH CORNER INC

FILED
Jun 08, 2006
Secretary of State

Current Principal Place of Business:

1301 NE MIAMI GARDENS DR
SUITE 1526W
NORTH MIAMI, FL 33179

New Principal Place of Business:

6039 COLLINS AVENUE
SUITE 1015
MIAMI BEACH, FL 33141

Current Mailing Address:

1301 NE MIAMI GARDENS DR
SUITE 1526W
NORTH MIAMI, FL 33179

New Mailing Address:

6039 COLLINS AVE
SUITE 1015
MIAMI BEACH, FL 33141

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, RUBY
1301 NE MIAMI GARDENS DR
SUITE 1526W
NORTH MIAMI, FL 33179 US

Name and Address of New Registered Agent:

GOMEZ, RUBY
6039 COLLINS AVE
SUITE 1015
MIAMI BEACH, FL 33141 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: RUBY GOMEZ

06/08/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, RUBY
Address: 1301 NE MIAMI GARDENS DR #1526W
City-St-Zip: NORTH MIAMI, FL 33179 US

Title: VP (X) Delete
Name: GARCIA, CECILIA
Address: 1301 NE MIAMI GARDENS DR #1526W
City-St-Zip: NORTH MIAMI, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, MARIA E
Address: 6039 COLLINS AVE #1015
City-St-Zip: MIAMI BEACH, FL 33141 US

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

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: MARIA E LOPEZ

P

06/08/2006

Electronic Signature of Signing Officer or Director

Date