

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90023 021 ***150.00

DOCUMENT # P05000106766

1. Entity Name

MIRAGE MEDICAL CENTER, INC.



Principal Place of Business

85 GRAND CANAL DR, SUITE 310
MIAMI, FL 33144

Mailing Address

85 GRAND CANAL DR, SUITE 310
MIAMI, FL 33144

00010000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3264266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JORGE A
8567 CORAL WAY, #105
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

Antonio Hano Colome

Street Address (P.O. Box Number is Not Acceptable)

85 Grand Canal Drive, Suite 310

City Miami

FL

Zip Code 33144

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Antonio Hano Colome

2/13/2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME RIZO, MAYRA
STREET ADDRESS 85 GRAND CANAL DR, SUITE 310
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME Antonio Hano Colome
STREET ADDRESS 85 Grand Canal Drive, # 310
CITY-ST-ZIP Miami, FL 33144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Antonio Hano Colome

2/13/2006 (205) 265 1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

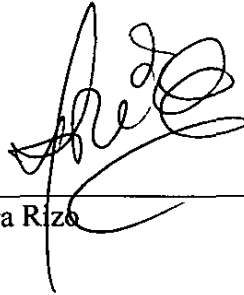
60015356
#PO5000106766

RESIGNATION

Gentlemen:

I hereby tender my resignation as Director and President of Mirage Medical Center, Inc. a Florida corporation, as well as any other office or position with said corporation, effective February 1st, 2006.

Dated: February 1st, 2006



Mayra Rizo