

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126044

Entity Name: LEAL MEDICAL CENTER, INC.

FILED
Jan 07, 2006
Secretary of State

Current Principal Place of Business:

19320 SW 292 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

28899 S. DIXIE HWY.
HOMESTEAD, FL 33033

Current Mailing Address:

19320 SW 292 STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-3521777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOOS, S. SCOTT ESQ
15600 SW 288 STREET SUITE 312
HOMESTEAD, FL 33033 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: DP () Delete
Name: LEAL, JHACNEA
Address: 19320 SW 292 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: DST () Delete
Name: OROZCO, DANIEL
Address: 19320 SW 292 STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEAL, JHACNEA
Address: 19320 SW 292 STREET
City-St-Zip: HOMESTEAD, FL 33030

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: JHACNEA LEAL

P

01/07/2006

Electronic Signature of Signing Officer or Director

Date