## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138293

Entity Name: NIDI MEDICAL GROUP CORP.

FILED Jan 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

116B PONCE DE LEON BLVD 6031 SW 8 STREET CORAL GABLES, FL 33135 MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

116B PONCE DE LEON BLVD 6031 SW 8 STREET CORAL GABLES, FL 33135 MIAMI, FL 33144

FEI Number: 20-3647031 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAZQUEZ, NIDIALYS

116B PONCE DE LEON BLVD

CORAL GABLES, FL 33135 US

VAZQUEZ, NIDIALYS

6031 SW 8 STREET

MIAMI, FL 33144 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: NIDIALYS VAZQUEZ 01/31/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 VAZQUEZ, NIDIALYS
 Name:
 VAZQUEZ, NIDIALYS

 Address:
 116B PONCE DE LEON BLVD
 Address:
 6031 SW 8 STREET

 City-St-Zip:
 CORAL GABLES, FL 33135
 City-St-Zip:
 MIAMI, FL 33144

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: NIDIALYS VAZQUEZ P/D 01/31/2006