2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142887

Title:

Name:

Address: City-St-Zip: SD

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PEREZ-FRANCO, GILBERTO M

11081 NW 7 ST., UNIT 202

MIAMI, FL 33172

Entity Name: MEDICAL HEALTH OF FLORIDA INC

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8774 SW 8 ST MIAMI, FL 33174 **Current Mailing Address: New Mailing Address:** 8774 SW 8 ST MIAMI, FL 33174 FEI Number: 20-3664598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARRERO, DIVA C 10720 NW 7 ST MIAMI, FL 33172 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MARRERO, DIVA C Name: Name: 10720 NW 7 ST APT. 8A Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: VPD Title: () Change () Addition () Delete Name: MARTIN, CARLOS Name: 1421 SW 124 CT., UNIT B Address: Address: MIAMI, FL 33184 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SIGNING VPD 04/16/2007

() Change () Addition