

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000152760

FILED
Sep 12, 2007
Secretary of State

Entity Name: NATIONAL MEDICAL CENTER INC.

Current Principal Place of Business:

1526 N.E. 8TH ST.
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

1526 N.E. 8TH ST.
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 42-1685192 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARCHENA, IHOSVANY
1526 N.E. 8TH ST.
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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARCHENA, IHOSVANY
Address: 1526 N.E. 8TH ST.
City-St-Zip: HOMESTEAD, FL 33033

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPTD () Change (X) Addition
Name: LAGO, JOEL
Address: 1526 N.E. 8TH ST
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify 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: IHOSVANY MARCHENA

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09/12/2007

Electronic Signature of Signing Officer or Director

Date