
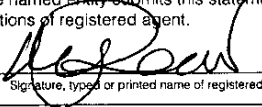
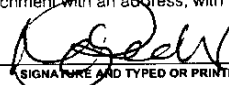


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90190 007 ***158.75

DOCUMENT # P05000153848 1. Entity Name MDHADC-CORINTHIAN, INC.					
Principal Place of Business 7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155			Mailing Address 7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-4597943				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130			7. Name and Address of New Registered Agent Name DE PEDRO-GONZALEZ, MARIA D. Street Address (P.O. Box Number is Not Acceptable) 7483 SW 24th ST, SUITE 209 City MIAMI FL Zip Code 33155		
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  Maria de Pedro-Gonzalez 4-22-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFFIE, ALBEN <input checked="" type="checkbox"/> Delete 6103 NW 7TH AVE 2ND FLOOR MIAMI, FL 33127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PLD DUFFIE, ALBEN 6013 NW 7th AVENUE, 2nd FLOOR MIAMI - FL - 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, ALLEN D <input type="checkbox"/> Delete 201 ALHAMBRA CIRCLE SUITE 602 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D DELL, KEITH A. 100 SE 3rd AVENUE FT. LAUDERDALE - FL - 33394	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELFENBEIN, RAMELA PHD <input type="checkbox"/> Delete 3000 NE 151 STREET AC1-234 NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DELL, KEITH A. 100 SE 3rd AVENUE FT. LAUDERDALE - FL 33394	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEMOND, DANIEL A <input checked="" type="checkbox"/> Delete 18804 NW 79TH WAY HIALEAH, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MORRIS-WEEKS, BURNADENE 100 S.E. 6th STREET FT. LAUDERDALE - FL - 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAD, MAGALI R <input type="checkbox"/> Delete 2430 SW 18TH STREET MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGUARDIOLA, GEORGE <input checked="" type="checkbox"/> Delete 1153 TOWN CENTER DRIVE SUITE 202 JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  M. de Pedro-Gonzalez 4-22-06 305-267-3624 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					