
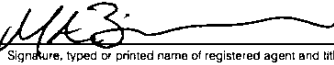
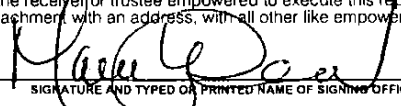


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90429 027 \*\*\*158.75

<b>DOCUMENT # P05000153848</b> 1. Entity Name <b>MDHADC-CORINTHIAN, INC.</b>					
Principal Place of Business <b>7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155</b>			Mailing Address <b>7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>20-4597943</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEPEDRO-GONZALEZ, MARIA N 7483 SW 24TH ST STE 209 MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name <b>Bierman, Mitchell</b> Street Address (P.O. Box Number is Not Acceptable) <b>2525 Ponce de Leon Blvd.</b> <b>Suite 700</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33134</b>	
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  <span style="float: right;">04/27/2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DUFFIE, ALBEN 6013 NW 7TH AVE 2ND FL MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, KEITH A 100 SE 3RD AVE FORT LAUDERDALE, FL 33394	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELFENBEIN, PAMELA PHD 3000 NE 151 STREET AC1-234 NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS-WEEKS, BURNADETTE 100 SE 6TH ST FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAD, MAGALI R 2430 SW 18TH STREET MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, KEITH A 100 SE 3RD AVE FORT LAUDERDALE, FL 33394	<input checked="" type="checkbox"/> Delete			
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: 			04/27/2007 3052673624 <small>Date Daytime Phone</small>		