2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2006 8:00 am Secretary of State 03-23-2006 90003 026 ***150.00 **DOCUMENT # P05000153868** SANTANDER MEDICAL CENTER CORP. 40036901 Principal Place of Business Mailing Address 544 SW 112 AVE 544 SW 112 AVE MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022006 CR2E034 (11/05) City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTANDER, OMAIDA Street Address (P.O. Box Number is Not Acceptable) 544 SW 112 AVE MIAMI, FL 33174 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE Change ☐ Addition TITLE · Delete SANTANDER, OMAIDA NAME NAME STREET ADDRESS 544 SW 112 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174 CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Date

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED