

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023764

FILED
Apr 24, 2007
Secretary of State

Entity Name: CLAUDIA'S MEDICAL CENTER, INC.

Current Principal Place of Business:

8150 SW 8 ST STE 204
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8150 SW 8 ST STE 204
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-4347423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVO, YAMILE
7200 NW 7TH ST - STE 201
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

ORTEGA, RAMON
8150 SW 8TH STREET
#204
MIAMI, FL 33144 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: RAMON ORTEGA

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALVO, YAMILE
Address: 7200 NW 7TH ST - STE 201
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ORTEGA, RAMON
Address: 8150 SW 8TH ST
City-St-Zip: MIAMI, FL 33144

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: HECTOR ORTEGA

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04/24/2007

Electronic Signature of Signing Officer or Director

Date