## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P06000036436

ULTRA MEDICAL CENTER CORP.



**FILED** Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90201 023 \*\*\*150.00

7.11 MV 23RD ANE #304 MIAM, FL 33125  2. Principal Place of Business - No PO Box # 3. Mailing Address  Sulfs, Apt. #. etc.   Sulfs, Apt. #. etc.   01082007   ChgP   CR2E034 (12/06)  City & State   4. FEI Number   Applied For   Mol Applied For	Principal Plac	e of Business	Mailing Address								
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Applied For   Not Applicable   Applied For   Not Applicable   Not Applicable   Status Desired   Satura Desired							60000754				
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Applicable   A						H BBIIB BYIN BBIN BBILL SI	OM BINTS IMA BIRI				
City & State	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	i. Mailing Address							
CASTILLO, NEYDAD 2898 SW 145 AVE MIAMI, FL 33175  City  FL  City  FL  Zip Code  City	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082007	01082007 Chg-P CR2E034 (12/06)				
CASTILLO, NEYDAD 2898 SW 145 AVE MIAMI, FL 33175  City  FL  City  FL  Zip Code  City	City & State		City & State		4. FEI Numb	per - 31680.	54				
CASTILLO, NEYDA D 2898 SW 145 AVE MIAMI, FL 33175  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 lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Direction   Directi	Zip	Country Zip Coun		try			_ր \$				
CASTILLO, NEYDA D 2898 SW 145 AVE MIAMI, FL 33175  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  Syrature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent syrature required when revisuality)  Prile NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  TILLE  VENTURA, ORLANDO M.D. TILLE  VENTURA, ORLANDO M.D. TILLE  VENTURA, ORLANDO M.D. TILLE  VENTURA, ORLANDO M.D. TILLE  TIL	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when renstating)  PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.	2898 SW 145 AVE				Street Ad	dress (P.O. Box Numl	per is Not Acceptab	nie)			
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    Signature, typed or printed name of registered agent and talle if applicable.   (NOTE: Registered Agent signature required when remissions)   OATE					City			EI	Zip Code	e	
TILE NORTH OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS CITY-ST-2IP  ITILE					L				<u> </u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE VENTURA, ORLANDO M.D. STREET ADDRESS CITY-S1-ZIP MIAMI, FL 33125  TITLE NAME CASTILLO, NEYDA D STREET ADDRESS CITY-S1-ZIP MIAMI, FL 33125  TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP MIAMI, FL 33125  TITLE NAME NAME NAME NAME NAME NAME NAME NAM											
After May 1, 2007 Fee will be \$\$50.00  Trust Fund Contribution.											
TITLE						\$5.00 May Be Added to Fees					
NAME	10.	OFFICERS AND DIRECTORS 11.				ADDITIONS	CHANGES TO OF	FICERS AND I	DIRECTORS	S IN 11	
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TITLE	STREET ADDRESS	711 NW 23RD ÂVE #304		STRE	ET ADDRESS					į	
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CITY-ST-ZIP CITY-ST-ZIP	STALL PROPERTY	1		0.114							

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:

305-644-740; Daytime Phone #