

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000036436

FILED
Sep 22, 2009
Secretary of State

Entity Name: ULTRA MEDICAL CENTER CORP.

Current Principal Place of Business:

711 NW 23RD AVE #304
MIAMI, FL 33125 US

New Principal Place of Business:

711 NW 23RD AVE
304
MIAMI, FL 33125 US

Current Mailing Address:

711 NW 23RD AVE #304
MIAMI, FL 33125 US

New Mailing Address:

711 NW 23RD AVE
304
MIAMI, FL 33125 US

FEI Number: 74-3168054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL CASTILLO, NEYDA
2898 SW 145 AVE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALDES, MARIA DEL C
Address: 711 NW 23RD AVE #304
City-St-Zip: MIAMI, FL 33125 US

Title: VP () Delete
Name: DEL CASTILLO, NEYDA
Address: 711 NW 23RD AVE #304
City-St-Zip: MIAMI, FL 33125 US

Title: VP () Delete
Name: DEL CASTILLO, CIDIC
Address: 711 NW 23RD AVE #304
City-St-Zip: MIAMI, FL 33125 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, JOSE N
Address: 711 NW 23RD AVE #304
City-St-Zip: MIAMI, FL 33125 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE N. GONZALEZ

P

09/22/2009

Electronic Signature of Signing Officer or Director

Date