

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040154

FILED
Feb 05, 2008
Secretary of State

Entity Name: MAGNUS MEDICAL CENTER, INC.

Current Principal Place of Business:

2105 S PARK AVE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

2105 S PARK AVE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 76-0822231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELHOMME, JEAN
18061 STRATFORD GRAND ST.
ORLANDO, FL 32820 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: DANIEL, MEUREEN M.D.
Address: 18061 STRATFORD GRAND ST.
City-St-Zip: ORLANDO, FL 32820 US

Title: DIR () Delete
Name: BELHOMME, JEAN
Address: 18061 STRATFORD GRAND ST
City-St-Zip: ORLANDO, FL 32820 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MEUREEN DANIEL

M.D

02/05/2008

Electronic Signature of Signing Officer or Director

Date