2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061696

Entity Name: D & R MEDICAL CENTER CORP

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1830 NW 7TH ST., STE. 222 MIAMI, FL 33125

Current Mailing Address: New Mailing Address:

1830 NW 7TH ST., STE. 222 MIAMI, FL 33125

FEI Number: 20-4796596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAVELO, DAMARY 1830 NW 7TH ST., STE. 222 MIAMI, FL 33125 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 RAVELO, DAMARY
 Name:
 RAVELO, DAMARY

 Address:
 14748 SW 56 ST SUITE # 151
 Address:
 1830 NW 7 ST SUITE 222

City-St-Zip: MIAMI, FL 33185 City-St-Zip: MIAMI, FL 33125

Title: V (X) Delete Title: () Change () Addition

 Name:
 DE OSABA, JENNIFER M
 Name:

 Address:
 1830 NW 7TH ST., STE. 222
 Address:

 City-St-Zip:
 MIAMI, FL 33125
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAMARY RAVELO PD 03/02/2007