

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061958

FILED  
May 01, 2007  
Secretary of State

Entity Name: INSTITUTO DE MEDICINA ALTERNATIVA, INC.

## Current Principal Place of Business:

1888 SW 18 AVENUE  
MIAMI, FL 33135

## New Principal Place of Business:

2165 WEST FLAGLER STREET  
MIAMI, FL 33135

## Current Mailing Address:

3791 SW 122 AVENUE  
MIAMI, FL 33175

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PAULA, ALI E  
3791 SW 122 AVE  
MIAMI, FL 33175 US

## Name and Address of New Registered Agent:

PAULA, ALI E  
3791 SW 122 AVENUE  
MIAMI, FL 33175 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: ALI E. PAULA

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANCHEZ, ANDRES  
Address: 1888 SW 8 STREET  
City-St-Zip: MIAMI, FL 33135

Title: VP ( ) Delete  
Name: PAULA, RUBEN  
Address: 1888 SW 8 STREET  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SANCHEZ, ANDRES  
Address: 2165 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

Title: VP (X) Change ( ) Addition  
Name: PAULA, RUBEN  
Address: 2165 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

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: ANDRES SANCHEZ

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date