2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007
Secretary of State

DOCUMENT# P06000074808

Entity Name: C-N MEDICAL CENTER, INC

Current Principal Place of Business:

560 NW 82ND PLACE #308
MIAMI, FL 33126

New Principal Place of Business:

1800 SW 1ST. STREET
310
MIAMI, FL 33135

Current Mailing Address:

560 NW 82ND PLACE #308
MIAMI, FL 33126

New Mailing Address:

1800 SW 1ST. STREET
310
MIAMI, FL 33135

FEI Number: 20-4968442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, CARLOS A
1800 SW 1ST STREET
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

RIVERA, CARLOS A
1800 SW 1ST STREET
310
MIAMI, FL 33135 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: CARLOS RIVERA 06/15/2007
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: PD ( ) Delete
Name: RIVERA, CARLOS A
Address: 560 NW 82ND PLACE #308
City-St-Zip: MIAMI, FL 33126

Title: V (X) Delete
Name: PACHECO, ARNALDO
Address: 2102 SW 3RD STREET #4
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RIVERA, CARLOS A
Address: 1800 SW 1ST. STREET SUITE 310
City-St-Zip: MIAMI, FL 33135

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: CARLOS A RIVERA P 06/15/2007
Electronic Signature of Signing Officer or Director Date