
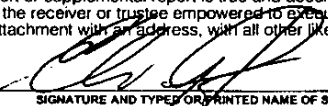


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000133458 1. Entity Name METROPOLITAN HEALTH COMMUNITY SERVICES CORPORATION						FILED 07 MAY 17 AM 7:50 DEPT. OF STATE AL. ANASSEE, FLORIDA	
Principal Place of Business 5959 NW 7 TH STREET MIAMI, FL 33126 US				Mailing Address 5959 NW 7TH STREET MIAMI, FL 33126 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. ONE BISCAYNE TOWER - 21ST FLOOR 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 20-5747296			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
B & C CORPORATE SERVICES, INC. ONE BISCAYNE TOWER - 21ST FLOOR 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
Amended AR is \$61.25				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PSTD ARTAU, EDUARDO PSTD 5959 NW 7TH STREET MIAMI, FL 33126				PD Artau Gomez, Eduardo P.O. Box 2087 Arecibo, PR 00613			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
VP Artau Feliciano, Karen P.O. Box 2087 Arecibo, PR 00613				VP Artau Feliciano, Karen P.O. Box 2087 Arecibo, PR 00613			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
S Feliciano Vargas, Carmen P.O. Box 2087 Arecibo, PR 00613				S Feliciano Vargas, Carmen P.O. Box 2087 Arecibo, PR 00613			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
T Artau Feliciano, Eduardo P.O. Box 2087 Arecibo, PR 00613				T Artau Feliciano, Eduardo P.O. Box 2087 Arecibo, PR 00613			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
300103609249 05/31/07--01028--018 **61.25				300103609249 05/31/07--01028--018 **61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			