

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148707

Entity Name: L. A. KAY MEDICAL CORP

FILED
May 23, 2007
Secretary of State

Current Principal Place of Business:

375 NE 54 ST
#1
MIAMI, FL 33137 FL

Current Mailing Address:

375 NE 54 ST
#1
MIAMI, FL 33137 FL

FEI Number: 20-5973953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

1726 N.W. 36 STREET
#23
MIAMI, FL 33142 FL

New Mailing Address:

1726 N.W. 36 STREET
#23
MIAMI, FL 33142 FL

Name and Address of Current Registered Agent:

SALAZAR, JOSE F MD
375 NE 54 ST
#1
MIAMI FL, FL 33137 US

Name and Address of New Registered Agent:

SALAZAR, ARMANDO
1726 N.W. 36 STREET
#23
MIAMI, FL 33142 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: ARMANDO SALAZAR

05/23/2007

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: SALAZAR, JOSE F MD
Address: 375 NE 54 ST #1
City-St-Zip: MIAMI, FL 33137 FL

Title: VP () Delete
Name: BEDOYA, ARACELLY
Address: 375 NE 54 ST #1
City-St-Zip: MIAMI, FL 33137 FL

Title: S (X) Delete
Name: SALAZAR, ARMANDO
Address: 375 NE 54 ST #1
City-St-Zip: MIAMI, FL 33137 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALAZAR, ARMANDO
Address: 1726 NW 36 STREET #23
City-St-Zip: MIAMI, FL 33142 FL

Title: VP (X) Change () Addition
Name: BEDOYA, ARACELLY
Address: 1726 N.W. 36 STREET #23
City-St-Zip: MIAMI, FL 33142 FL

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: ARMANDO SALAZAR

P

05/23/2007

Electronic Signature of Signing Officer or Director

Date