

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000036671

**FILED**  
**Feb 27, 2008**  
**Secretary of State**

**Entity Name:** GOLDEN AGE MEDICAL CENTER INC

**Current Principal Place of Business:**

8660 WEST FLAGLER  
SUITE 105  
MIAMI, FL 33144

**New Principal Place of Business:**

1822 EAST 4 AVE  
SUITE B  
HIALEAH, FL 33010 US

**Current Mailing Address:**

8660 WEST FLAGLER  
SUITE 105  
MIAMI, FL 33144

**New Mailing Address:**

1822 EAST 4 AVE  
SUITE B  
HIALEAH, FL 33010 US

**FEI Number:** 20-8760754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CASOLA, ANGEL  
8660 WEST FLAGLER  
SUITE 105  
MIAMI, FL 33144 US

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

GUERRA, CARLOS M  
1822 EAST 4 AVE  
SUITE B  
HIALEAH, FL 33010 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 M GUERRA

02/27/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** GUERRA, CARLOS  
**Address:** 8660 WEST FLAGLER SUITE 105  
**City-St-Zip:** MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** GUERRA, CARLOS M  
**Address:** 1822 EAST 4TH AVE  
**City-St-Zip:** HIALEAH, FL 33010 US

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 M. GUERRA

PD

02/27/2008

Electronic Signature of Signing Officer or Director

Date