

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000036671

FILED
Jan 07, 2009
Secretary of State

Entity Name: GOLDEN AGE MEDICAL CENTER INC

Current Principal Place of Business:

1822 EAST 4 AVE
SUITE B
HIALEAH, FL 33010 US

New Principal Place of Business:

330 SW 27TH AVE
SUITE 401
MIAMI, FL 33135 US

Current Mailing Address:

1822 EAST 4 AVE
SUITE B
HIALEAH, FL 33010 US

New Mailing Address:

330 SW 27TH AVE
SUITE 401
MIAMI, FL 33135 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:

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

Name and Address of New Registered Agent:

GUERRA, CARLOS M
445 E 32ND STREET
HIALEAH, FL 33013 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

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUERRA, CARLOS M
Address: 330 SW 27TH AVE SUITE 401
City-St-Zip: MIAMI, FL 33135 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

01/07/2009

Electronic Signature of Signing Officer or Director

Date