2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# P07000122890

Entity Name: MIRACLE MEDICAL CENTER, INC.

Current Principal Place of Business:

12995 NE 7TH AVE
N MIAMI BEACH, FL 33161

New Principal Place of Business:

12995 NE 7TH AVE
N MIAMI, FL 33161 US

Current Mailing Address:

12995 NE 7TH AVE
N MIAMI BEACH, FL 33161

New Mailing Address:

12995 NE 7TH AVE
N MIAMI, FL 33161 US

FEI Number: 26-1494651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOUIS, EMLYN
12995 NE 7TH AVE
N MIAMI BEACH, FL FL US

Name and Address of New Registered Agent:

LOUIS, EMLYN
12995 NE 7TH AVE
N MIAMI, FL FL 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: 01/17/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOUIS, EMLYN
Address: 12995 NE 7TH AVE
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOUIS, EMLYN
Address: 12995 NE 7TH AVE
City-St-Zip: N. MIAMI, FL 33161 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: EMLYN LOUIS P 01/17/2008
Electronic Signature of Signing Officer or Director — Date