

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P92000012944

Entity Name: MEDICAL CENTER, INC.

FILED
Oct 19, 2007
Secretary of State

Current Principal Place of Business:

2136 N.PORPOISE POINT LN
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

2136 N.PORPOISE POINT LN
VERO BEACH, FL 32963 US

New Mailing Address:

FEI Number: 26-0624758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENSPOON MARDER, P.A
100 W.CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JANKE, WALTER H
Address: 2136 N.PORPOISE POINT LN
City-St-Zip: VERO NEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WALTER H JANKE

D

10/19/2007

Electronic Signature of Signing Officer or Director

Date