

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048392

FILED
Apr 25, 2006
Secretary of State

Entity Name: HIALEAH EMERGENCY MEDICINE SPECIALISTS, INC.

Current Principal Place of Business:

3900 HOLLYWOOD BLVD
SUITE 101
HOLLYWOOD, FL 33021

New Principal Place of Business:

5401 POLK STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

3900 HOLLYWOOD BLVD
SUITE 101
HOLLYWOOD, FL 33021

New Mailing Address:

P.O. BOX 813729
HOLLYWOOD, FL 330813729

FEI Number: 65-0500336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST-CYR, ISABELLE
3900 HOLLYWOOD BLVD
SUITE 101
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

STERN, STEVEN
5401 POLK STREET
HOLLYWOOD, FL 33021 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: STEVEN STERN

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: DISKIN, ARTHUR L
Address: 3900 HOLLYWOOD BLVD #101
City-St-Zip: HOLLYWOOD, FL 33021

Title: DV (X) Delete
Name: VIDAL, RAMON
Address: 10900 KING BAY DR
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: DISKIN, ARTHUR L
Address: 5401 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTHUR DISKIN

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date