2006 FOR PROFIT CORPORATION

FILED Apr 27, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P94000081511 1. Entity Name H.L. HISPANIC MEDICAL CENTER, INC. Principal Place of Business Mailing Address 13333 SW 42ND ST 13333 SW 42ND ST MIAMI, FL 33175 MIAMI, FL 33175 04122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3276815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LARRAMENDI, ANGEL DO NOT WRITE 14302 SW 54 ST MIAMI, FL 33175 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 11000001537217 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be US/09/06-80009-002 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LARRAMENDI, ANGFL NAME STREET ADDRESS 14302 SW 54 ST. CITY-SY-71P MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-06