

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039212

FILED
Apr 27, 2005
Secretary of State

Entity Name: GENERAL MEDICAL CENTER, INC.

Current Principal Place of Business:

701 NW 57 AVE.
1ST FLR
MIAMI, FL 33155 US

Current Mailing Address:

701 NW 57 AVE.
1ST FLR
MIAMI, FL 33155 US

New Principal Place of Business:

300 ARAGON AVENUE
SUITE 320
CORAL GABLES, FL 33134 US

New Mailing Address:

P. O. BOX 142194
CORAL GABLES, FL 33114 US

FEI Number: 65-0581173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, CARLOS M
701 NW 57 AVE 1ST FLR
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

GARCIA, CARLOS M
300 ARAGON AVENUE
320
CORAL GABLES, FL 33134 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:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, CARLOS M
Address: 300 ARAGON AVE #320
City-St-Zip: CORAL GABLES, FL 33134

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 for the exemption stated in Section 119.07(3)(i), 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 GARCIA

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date