

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90389 013 ***150.00

40057214



04042006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0593165** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, DAVID R
6855 RED ROAD
STE. 600
CORAL GABLES, FL 33143

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
NAME **LOPEZ BLAZQUEZ, ANA**
STREET ADDRESS **6855 RED ROAD, SUITE 600**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **LOPEZ-BLAZQUEZ, ANA**
STREET ADDRESS **6855 RED ROAD, STE. 600**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **ENRIGHT, WILLIAM F**
STREET ADDRESS **6855 RED ROAD, STE. 600**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **GREENLEAF, WENDY**
STREET ADDRESS **6855 RED ROAD, STE. 600**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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: Ana Lopez-Blazquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 786-662-7022
Date Daytime Phone #



**Baptist Health
South Florida**

ATTACHMENT

40057214

6855 Red Road

Coral Gables, FL 33143-3632

www.baptisthealth.net

April 5, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

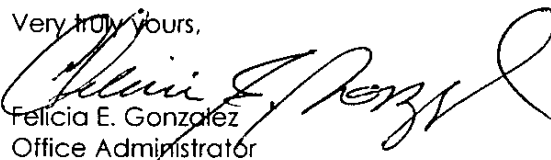
RE: 2006 Annual Report for East Kendall Investments, Inc.
Document #: P95000054479

Dear Sirs:

Attached for filing is the 2006 Annual Reports for the above-referenced corporation together with check in the amount of \$150.00 to cover the filing fee for the annual report.

Should you have any questions, please do not hesitate to contact me at 786-662-7022.
Thank you.

Very truly yours,



Felicia E. Gonzalez
Office Administrator

Attachment