
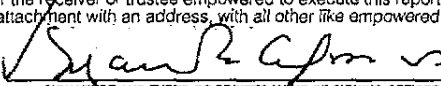


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000006614</b>		
1. Entity Name <b>MEDICAL HEALTH CLINIC, INC.</b>		
Principal Place of Business <b>C/O 5340 S.W. 59 AVENUE MIAMI, FL 33155</b>	Mailing Address <b>C/O 5340 S.W. 59 AVENUE MIAMI, FL 33155</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PEREZ-ESPINOSA, MANUEL C/O 5340 S.W. 59 AVENUE MIAMI, FL 33155</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ-ESPINOSA, MANUEL C/O 5340 S.W. 59 AVENUE MIAMI, FL 33155	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>2-06-06</b> Daytime Phone # <b>305 444 4520</b>



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0641217** Applied For ☐ Not Applicable ☐

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

U00000425299  
02/18/06-80090-016 150.00