2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# P96000024589

Entity Name: MAIMONIDES MEDICAL CENTER, INC.

Current Principal Place of Business:

2850 LAKE WASHINGTON RD
UNIT 4
MELBOURNE, FL 32935 US

New Principal Place of Business:

2850 LAKE WASHINGTON RD
SUITE 4
MELBOURNE, FL 32935 US

Current Mailing Address:

2850 LAKE WASHINGTON ROAD, UNIT 4
MELBOURNE, FL 32940

New Mailing Address:

2850 LAKE WASHINGTON ROAD
SUITE 4
MELBOURNE, FL 32935

FEI Number: 65-0660219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAROLINA, SARENAS
2850 LAKE WASHINGTON ROAD
SUITE 4
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

SARENAS, CAROLINA
2850 LAKE WASHINGTON ROAD
SUITE 4
MELBOURNE, FL 32935 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: CAROLINA SARENAS 03/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: SARENAS, CAROLINE
Address: 1967 CRANE CREEK BLVD.
City-St-Zip: MELBOURNE, FL

Title: DP ( ) Delete
Name: VERGARA, GERMAN
Address: 1967 CRANE CREEK BLVD.
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: SARENAS, CAROLINA
Address: 1967 CRANE CREEK BLVD.
City-St-Zip: MELBOURNE, FL 32940

Title: DP (X) Change ( ) Addition
Name: VERGARA, GERMAN
Address: 1967 CRANE CREEK BLVD.
City-St-Zip: MELBOURNE, FL 32940

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: CAROLINA SARENAS, M.D. VP 03/28/2005
Electronic Signature of Signing Officer or Director Date