
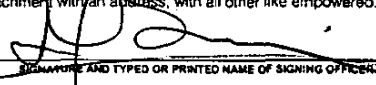


**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90032 005 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000034423</b>		
1. Entity Name <b>EXCLUSIVE MEDICAL CENTER, INC.</b>		
Principal Place of Business <b>EXCLUSIVE MEDICAL SECOND FLOOR MIAMI, FL 33135 US</b>		Mailing Address <b>1901 SW 1ST STREET 2ND FLOOR MIAMI, FL 33135 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>SOSA, YOLANA 1901 SW 1ST MIAMI, FL 33135</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 _____ (NOTE: Registered Agent signature required when renewing) 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 SOSA, YOLANDA 1901 S.W. 1ST MIAMI, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: 		<b>3-6-06 (305)323-4976</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



ATTACHMENT  
66004412

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

EXCLUSIVE MEDICAL CENTER, INC.  
1901 SW 1ST STREET  
2ND FLOOR  
MIAMI, FL 33135 US

Subject: **EXCLUSIVE MEDICAL CENTER, INC.**

Reference Number: **P97000034423**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION