


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90052 003 ***150.00

DOCUMENT # P97000056463 1. Entity Name MAVIC MEDICAL CENTER, INC.			
Principal Place of Business 6981 SW 9 ST PEMBROKE PINES, FL 33023 US		Mailing Address 1101 SW 1 STREET MIAMI, FL 33130 US	
2. Principal Place of Business 13876 SW 56 ST Suite, Apt. #, etc. 462		3. Mailing Address 13876 SW 56 ST Suite, Apt. #, etc. 462	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33175		Zip 33175	
Country		Country	
4. FEI Number 65-0764075		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMALLO, VICTOR 6981 SW 9 ST PEMBROKE PINES, FL 33023		7. Name and Address of New Registered Agent Name Victor Ramallo Street Address (P.O. Box Number is Not Acceptable) 13876 SW 56 ST Ste 462 City MIAMI FL Zip Code 33175	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMALLO, VICTOR A 6981 SW 9 ST PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Victor Ramallo 13876 SW 56 ST Ste 462 MIAMI, FL. 33175 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMALLO, MAYDAY 6981 SW 9 ST PEMBROKE PINES, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mayda Ramallo 13876 SW 56 ST Ste 462 MIAMI, FL. 33175 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 3/8/06 Daytime Phone # 305 323 6699	