2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# P97000079127

Entity Name: UNITY MEDICAL CENTER, INC.

Current Principal Place of Business:

114 PONCE DE LEON BLVD,
SUITE . A
CORAL GABLES,, FL 33134

New Principal Place of Business:

2152 NW 36 ST
MIAMI, FL 33142

Current Mailing Address:

114 PONCE DE GABLES, BLVD
SUITE . A
CORAL GABLES, FL 33134

New Mailing Address:

2152 NW 36 ST
MIAMI, FL 33142

FEI Number: 65-0779793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERCEDES GONZALEZ
114 PONCE DE LEON BLVD
SUITE. A
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MERCEDES GONZALEZ
2152 NW 36 ST
MIAMI, FL 33142 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: MERCEDES GONZALEZ 04/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: GONZALEZ, MERCEDES
Address: 114 PONCE DE LEON , BLVD.SUITE. A
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete
Name: PARGA, ANGEL
Address: 114 PONCE DE LENO ,BLVD. SUITE.A
City-St-Zip: CORAL GABLES,, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: GONZALEZ, MERCEDES
Address: 2152 NW 36 ST
City-St-Zip: MIAMI, FL 33142

Title: V (X) Change ( ) Addition
Name: PARGA, ANGEL
Address: 2152 NW 36 ST
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MERCEDES GONZALEZ PSTD 04/23/2007
Electronic Signature of Signing Officer or Director Date