

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063776

Entity Name: MIAMI ENDOCENTER CORP.

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

7500 SW 87TH AVENUE
SUITE 101
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

GELBER & COMPANY
11450 INTERCHANGE CIRCLE NORTH
HOLLYWOOD, FL 33025

New Mailing Address:

FEI Number: 65-0329755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAVITT, JAMES M.D.
7500 SW 87TH AVENUE
SUITE 101
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEAVITT, JAMES M.D.
Address: 7500 SW 87TH AVENUE SUITE 101
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: GOLDBERG, HARRIS I M.D.
Address: 7500 SW 87TH AVENUE SUITE 101
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: LEDERHANDLER, MARC M.D.
Address: 7500 SW 87TH AVENUE SUITE 101
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: SCHWARTZ, HOWARD I M.D.
Address: 7500 SW 87TH AVENUE SUITE 101
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: LLANEZA, PEDRO M.D.
Address: 7500 SW 87TH AVENUE SUITE 101
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HERNANDEZ, RICHARD M.D.
Address: 7500 SW 87TH AVENUE SUITE 101
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RAMS, HUGO M.D.
Address: 7500 SW 87TH AVENUE SUITE 101
City-St-Zip: MIAMI, FL 33173

Title: S (X) Change () Addition
Name: RUAN, EDUARDO M.D.
Address: 7500 SW 87TH AVENUE SUITE 101
City-St-Zip: MIAMI, FL 33173

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: JAMES LEAVITT, MD

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01/29/2007

Electronic Signature of Signing Officer or Director

Date