2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2011
Secretary of State

DOCUMENT# P98000063776

Entity Name: MIAMI ENDOCENTER CORP.

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: 65-0851365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAVITT, JAMES
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES LEAVITT PD 01/26/2011

Electronic Signature of Signing Officer or Director — Date