


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000106298	
1. Entity Name PANAMED OF MIAMI CORP.	

Principal Place of Business 13317 SOUTHWEST 135TH AVENUE MIAMI, FL 33196	Mailing Address 13317 SOUTHWEST 135TH AVENUE MIAMI, FL 33196
--	--

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0887537	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 SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE
IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE PD	NAME NAVARRO, ANA M
STREET ADDRESS 13317 SW 135 AVE.	
CITY-STATE-ZIP MIAMI, FL 33186	
TITLE ST	NAME RODRIGUEZ, CARMEN G
STREET ADDRESS 13317 SW 135 AVE.	
CITY-STATE-ZIP MIAMI, FL 33186	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

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 supplement 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 of the corporation 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 another like empowered.

SIGNATURE: *Carla V. Rodriguez* *Secretary* 1/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Day-Mo-Year