

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000077760					
1. Entry Name EMBASSY MEDICAL CENTER, P.A.					
Principal Place of Business 613 E. 49TH ST. HIALEAH FL 33013			Mailing Address 3400 CORAL WAY 600 MIAMI FL 33145-3053		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0947236	
6. Name and Address of Current Registered Agent NGUYEN, THUAT 613 E. 49TH ST. HIALEAH FL 33013				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 terminating)					



1st MOORE CR2E034 (10/05)

Applied For
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Added to Fee

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	NGUYEN, THUAT			NAME			
STREET ADDRESS	613 E 49TH ST			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33013			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U00000540127
05/10/06-80006-001 \$150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nguyen, Thuat*

04/27/06 (305) 446 205