

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 12, 2005
Secretary of State**

DOCUMENT# P99000079510

Entity Name: MEDCHOICE MEDICAL CENTERS, INC.

Current Principal Place of Business:

16695 NE 10TH AVE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

8212 WEST FLAGLER STREET
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0945905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, MAX R ESQ
6701 SUNSET DR., STE. 104
MIAMI, FL 33143 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: D () Delete
Name: TIRADO, ALEXANDER
Address: 8212 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: C () Delete
Name: TIRADO, EDWIN
Address: 8212 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GUERRA-NEGRETE, YAMILE MD
Address: 8212 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: D () Change (X) Addition
Name: OTERO, JUAN O MD
Address: 8212 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALEXANDER TIRADO

D

11/12/2005

Electronic Signature of Signing Officer or Director

_____ Date