

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101612

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** STARMED MEDICAL CENTER INC.

**Current Principal Place of Business:**

3850 SW 87TH AVE  
SUITE 207  
MIAMI, FL 33165

**New Principal Place of Business:**

7392 NW 35TH TERRACE  
SUITE 308  
MIAMI, FL 33122

**Current Mailing Address:**

3850 SW 87TH AVE  
SUITE 207  
MIAMI, FL 33165

**New Mailing Address:**

7392 NW 35TH TERRACE  
SUITE 308  
MIAMI, FL 33122

**FEI Number:** 65-0983028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALMA, FRANKLIN PRES  
3850 SW 87TH AVE  
SUITE 201  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

PALMA, FRANKLIN PRES  
7392 NW 35TH TERRACE  
SUITE 308  
MIAMI, FL 33122 US

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: \_\_\_\_\_

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVPS ( ) Delete  
Name: PALMA, FRANKLIN  
Address: 3850 SW 87TH AVE SUITE 201  
City-St-Zip: MIAMI, FL 33165

Title: ST ( ) Delete  
Name: PALMA, FRANKLIN  
Address: 3850 SW 87TH AVE SUITE 207  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVPS (X) Change ( ) Addition  
Name: PALMA, FRANKLIN  
Address: 7392 NW 35TH TERRACE, STE. 308  
City-St-Zip: MIAMI, FL 33122

Title: ST (X) Change ( ) Addition  
Name: PALMA, FRANKLIN  
Address: 7392 NW 35TH TERRACE, STE. 308  
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify 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: FRANKLIN PALMA

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date