2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A

ANNUAL REPURI				Secretary of Stat			
DOCUMENT # V00261				Ş	Secre	tary of Stat	
1. Entity Name KENDALE LAKES MEDICAL CE							
	,						
Principal Place of Business	Mailing Address						
13550 SW 88 STREET	13550 SW 88 STREET Suite 180						
SUITE 180 Miami, Fl 33186 US	MIAMI, FL 33186 US		ı ipşii pnen				
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DO NOI WKI	TE IN THIS SP	ACE .	4. FEI Numbe 65-030			Applied For Not Applicable	
الموال المراقب والمراقب المراقب المراق الموالات المراقب المرا	Andrew Branch			of Status Desired		8.75 Additional	
6. Name and Address of Cu	rrent Registered Agent		C. Co. Inicato	or oldrad Book ou	F	ee Required	
	Tone registered Agent	- н		At a constant of the constant	B.		
GREGORIAN, MICHAEL MD 13550 SW 88 STREET		D. On the second	DO.	NOT W	RITE		
SUITE 180	,		193	THIS SE	Q		
MIAMI, FL 33186					r4		
8. The above named entity submits this statem	ant for the numbers of changing its regi	etered office or register	ed acent or bot	h in the State of Ele	orida Lamifa	miliar with and accept	
the obligations of registered agent.	ion to the purpose of changing no regi	stered diffee of register	sa agoni, or sor	in, in the state of the	sinda. Tamia	Timal Will, and accopt	
SIGNATURE Signature, typed or printed name of registere	d agent and trife if applicable. (NOTE: Reg	istered Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.0 After May 1, 2007 Fee will be \$	9. Election Campaign F 550.00 Trust Fund Contribut		00 May Be ed to Fees		-		
1	AND DIRECTORS	to M.	All Ches	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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NAME GREGORIAN, MICHAEL		y my in the	in the second	04/24	/07-501	43-011 150.00	
STREET ADDRESS 13550 SW 88 STREET - SU CITY-ST-ZIP MIAMI, FL 33186	JITE 180	Kana Kana					
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STREET ADDRESS CITY-ST-ZIP		机电子型型 电路线	DO:	NOT W	RITE	Jack Company (1)	
TITLE		F		THIS SI			
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE				ten i	ing property of the contract o	all the second	
NAME							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 chapter does not not an attachment with an address, with all other like empowered.

SIGNATURE: \(\frac{1}{2}\)

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 385-9919