


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90066 012 ***150.00

DOCUMENT # V55996	
1. Entity Name C.M. MEDICAL CENTER, INC.	

Principal Place of Business 989 WEST 37TH STREET HIALEAH, FL 33012 US	Mailing Address 256 N.W. 42ND AVENUE MIAMI, FL 33126 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 989 W 37 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Hialeah FL
Zip 33012	Country US

4000000000



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0351204	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 CRUZ, JORGE E. 989 WEST 37TH STREET HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, JORGE E. 989 W. 37TH ST. HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUZ, DAISY 989 WEST 37TH ST HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 title empowered.

SIGNATURE: _____ **1-24-07 (305) 642-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #