

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113173

FILED
Feb 14, 2007
Secretary of State

Entity Name: DORAL MEDICAL CENTER, INC.

Current Principal Place of Business:

3750 W 16 AVE
SUITE 136 U
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3750 W 16 AVE
SUITE 136 U
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-1448847 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CANTOS, ANTONIO
10031 SW 41 ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

CANTOS, ANTONIO
4674 NW 97 CT
DORAL, FL 33178 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: _____ Date: 02/14/2007
Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CANTOS, ANTONIO
Address: 10031 SW 41 ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CANTOS, ANTONIO
Address: 4674 NW 97 CT
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTONIO CANTOS P/D 02/14/2007
Electronic Signature of Signing Officer or Director Date