


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90363 017 ***150.00

DOCUMENT # M58805

1. Entity Name
 COYA MEDICAL CENTER P.A.



14001777

Principal Place of Business *new address* Mailing Address
 10534 SW 8 ST. MIAMI, FL 33174
 2580 SW - 107 ave MIA - FL 33165

DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2846071	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 TORRE-COYA, IVONNE F.
 10534 SW 8 ST.
 MIAMI, FL 33174

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TORRE-COYA, IVONNE F. 115 SW 127 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIEGO, MARIA LUISA 115 SW 127 AVE. MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: *[Signature]* (PSD) Date: 04/12/04 Daytime Phone #: 305-223-0132