2005 FOR PROFIT CORPORATION ANNUAL REPORT

NATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Secretary of State **DOCUMENT # P04000007379** 07-21-2005 90029 040 ***158.75 1. Entity Name EAGLE MEDICAL CENTER, INC. Principal Place of Business Mailing Address 50056661 9600 SW 8TH ST STE 17-A 9600 SW 8TH ST STE 17-A MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business 9600 Sw 8th Street Mailing Address 8th Street 07012005 CR2E034 (10/03) <u>ste#9</u> Chg-P Applied For & State 200553434 $\{ \Sigma \}$ Not Applicable SA. \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORTEGIA, CARLOS Street Address (P.O. Box Number is Not Acceptable) 7835 W. 30 CT. HIALEAH, FL 33016-4410 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP THE Delete TITLE ☐ Change ☐ Addition ORTEGIA, CARLOS NAME NAME 7835 W. 30 COURT STREET ADDRESS STREET ADDRESS City-St-7IP HIALEAH, FL 33016 CITY - ST-7IP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P City-ST-7IP Change ☐ Addition mne Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied enter 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 tudistic impowered 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 appears, with all other like empowered. Ui. SIGNATURE:

FILED

Jul 21, 2005 8:00 am