


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

06-24-2005 90001 026 ***150.00
 07-22-2005 90022 042 ***400.00

DOCUMENT # P04000064474
 1. Entity Name
ARGENI MEDICAL CENTER INC



Principal Place of Business Mailing Address
 11180 W. FLAGLER ST. 11180 W. FLAGLER ST.
 17-18 17-18
 MIAMI, FL 33174 MIAMI, FL 33174

50057103



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

06062005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 01-0812234 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASILLA, DAGOBERTO
 11180 W. FLAGLER ST.
 17-18
 MIAMI, FL 33174

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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	PD CASILLA, DAGOBERTO 11180 W. FLAGLER ST. 17-18 MIAMI, FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: Dagoberto Casilla
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/05 (305) 322-2036
 Date Daytime Phone #