

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036962

FILED  
Apr 15, 2004  
Secretary of State

Entity Name: PRIVATE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

5822 SW 8TH STREET  
MIAMI, FL 33144 US

**New Principal Place of Business:**

10 N.W. 42 AV  
SUITE #300  
MIAMI, FL 33126 US

**Current Mailing Address:**

5822 SW 8TH STREET  
MIAMI, FL 33144 US

**New Mailing Address:**

10 N.W. 42 AV  
SUITE#300  
MIAMI, FL 33126 US

FEI Number: 65-0411486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENA, HECTOR M  
5822 SW 8TH ST  
MIAMI, FL 33144

**Name and Address of New Registered Agent:**

PENA, HECTOR M  
10 N.W. 42 AV  
SUITE#300  
MIAMI, FL 33126

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/15/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PENA, HECTOR M  
Address: 5822 SW 8TH ST  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PENA, HECTOR M  
Address: 10 N.W. 42 AV STE#300  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HECTOR M. PENA

Electronic Signature of Signing Officer or Director

P

04/15/2004

Date