2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# S61260

Entity Name: SOUTH MIAMI FAMILY MEDICAL CENTER, P.A.

Current Principal Place of Business:

14411 S. DIXIE HWY.
SUITE 204
MIAMI, FL 33176

New Principal Place of Business:

6290 SW 114 STREET
MIAMI, FL 33156

Current Mailing Address:

C/O STEVEN C. KLEIN CPA PA
7522 WILES RD., #210
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0277758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, STEVEN C
7522 WILES ROAD, SUITE 210
SUITE 210
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COWDEN, ARTHUR M., I, I
Address: 6290 S.W. 114 STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARTHUR COWDEN P 02/02/2004

Electronic Signature of Signing Officer or Director — Date