# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2004 8:00 am**
**Secretary of State**
03-19-2004 90040 046 ***150.00

DOCUMENT # J82798

1. Entity Name
FLARE MEDICAL SERVICES CORP.

J42000000

03152004 Chg-P CR2E034 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 6779 WEST FLAGLER STREET<br>MIAMI, FL 33144 | 6779 WEST FLAGLER STREET<br>MIAMI, FL 33144 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8080 West Flagler Street | 8080 West Flagler Street |
| Suite, Apt. #, etc.: 2B | Suite, Apt. #, etc.: 2B |
| City & State: Miami, Florida | City & State: Miami, Florida |
| Zip: 33144 Country: Dade | Zip: 33144 Country: Dade |

4. FEI Number: 59-2827026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROSES, RAQUEL
6795 WEST FLAGLER ST
MIAMI, FL 33144

**7. Name and Address of New Registered Agent**

Name: ROSES, Raquel
Street Address (P.O. Box Number is Not Acceptable): 8080 West Flagler Street
Suite #2B
City: Miami **FL** Zip Code: 33144

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: Raquel Roses Raquel 3/15/2004
Signature, typed or printed name of registered agent and title if applicable. (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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDST<br>MUNOZ, CARMEN<br>6779 W. FLAGLER ST.<br>MIAMI, FL 33144 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDST<br>Muñoz, Carmen<br>8080 West Flagler Street Suite#2B<br>Miami, Florida 33144 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MUNOZ, CARMEN<br>6779 W. FLAGLER ST.<br>MIAMI, FL 33144 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Muñoz, Carmen<br>8080 West Flagler Street Suite#2B<br>Miami, Florida 33144 | ☑ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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 like empowered.

**SIGNATURE:** Carmen Muñoz 3/15/2004 (305) 858-1959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #