

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122687

Entity Name: L MEDICAL CENTER INC.

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

5040 N.W. 7 ST. #670
MIAMI, FL 33126

New Principal Place of Business:

5040 N.W. 7 ST
SUITE 670
MIAMI, FL 33126

Current Mailing Address:

5040 N.W. 7 ST. #670
MIAMI, FL 33126

New Mailing Address:

5040 N.W. 7 ST.
SUITE 670
MIAMI, FL 33126

FEI Number: 76-0733097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, LAZARO
3749 SW 149 AVE
MIAMI, FL 33185 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: PT () Delete
Name: MARTINEZ, LAZARO
Address: 3749 SW 149 AVE
City-St-Zip: MIAMI, FL 33185

Title: VPS () Delete
Name: MENDEZ, ROBERTO
Address: 4691 N.W. 9 ST. #A-205
City-St-Zip: MIAMI, FL 33126

Title: T () Delete
Name: PENA, MARIA C
Address: 9154 NW 119 TR.
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change () Addition
Name: MENDEZ, ROBERTO T
Address: 4691 N.W. 9 ST APTO A-205
City-St-Zip: MIAMI, FL 33126

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: LAZARO MARTINEZ

PT

04/21/2004

Electronic Signature of Signing Officer or Director

Date