

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90024 007 ***163.75

DOCUMENT # P96000076495

1. Entity Name
ALYKAT MEDICAL CENTER INC.



Principal Place of Business
**5040 NW 7 STREET
STE 632
MIAMI, FL 33126**

Mailing Address
**5040 NW 7 STREET
STE 632
MIAMI, FL 33126**

40016543



2. Principal Place of Business

5040 NW 7 STREET

Suite, Apt. #, etc.

STE 632

City & State

MIAMI, FLORIDA

Zip

33126

Country

MIAMI-DAB

3. Mailing Address

5040 NW 7 STREET

Suite, Apt. #, etc.

STE 632

City & State

MIAMI, FLORIDA

Zip

33126

Country

MIAMI-DAB

02032005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0698663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, ALBERTO
5040 NW 7TH STREET
STE 632
MIAMI, FL 33126**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **GARCIA, ALBERTO**
STREET ADDRESS **5040 NW 7TH STREET, SUITE 632**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☐ Delete
NAME **GARCIA, ALBERTO**
STREET ADDRESS **5040 NW 7 STREET STE 632**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **V** ☐ Delete
NAME **REYES, JUAN**
STREET ADDRESS **5040 NW 7 STREET STE. 632**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan P. Reyes, ADM.

2-8-05

Date

(305) 441-3150

Daytime Phone #