

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 672662

FILED
Apr 25, 2005
Secretary of State

Entity Name: STAT MEDICAL CLINIC, INC.

Current Principal Place of Business:

12302 N E 6TH AVENUE
N MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

12302 N E 6TH AVENUE
N MIAMI, FL 33161

New Mailing Address:

FEI Number: 59-2006392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STACHEWITSCH, MONIQUE
12302 NE 6TH AVE
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

PAUL SALVER, PA
2721 EXECUTIVE PARK DRIVE
3
WESTON, FL 33331 US

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: PAUL SALVER

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: STACHEWITSCH, MARC,
Address: 12302 N.E. 6TH AVE.
City-St-Zip: N. MIAMI, FL. 0,

Title: ST (X) Delete
Name: STACHEWITSCH, ANDRE,
Address: 12302 N.E. 6TH AVE.
City-St-Zip: N. MIAMI, FL. 0,

Title: DP (X) Delete
Name: STACHEWITSCH, MONIQUE, E
Address: 12302 N.E. 6TH AVE.
City-St-Zip: N. MIAMI, FL. 0,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERENGUER, RAMON
Address: 12302 NE 6TH AVENUE
City-St-Zip: N. MIAMI, FL 33161

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

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: RAMON BERENGUER

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date