
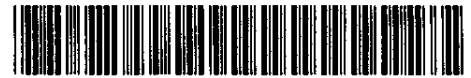


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90078 001 ***150.00

| | | | | | |
|---|--|---------|---|--|--|
| DOCUMENT # F73849 1. Entity Name QUEENS MEDICAL CENTER AND CLINIC, INC. | | | |  | |
| Principal Place of Business 110 N FEDERAL HIGHWAY 302 HALLANDALE FL 33009 US | | | Mailing Address 7301 PEPPERTREE CIRCLE S. DAVIE FL 33314 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-2170129 Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SONI, GURBACHAN P 7301 PEPPER TREE CIRCLE SOUTH DAVIE FL 33314 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SONI, GURBA CHAN P 7301 PEPPERTREE CIR SOUTH FORT LAUDERDALE FL 33314 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ 3.24.04 954-458-5006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |



MOORE CR2E034 (11/03)