## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 07, 2004 08:00 AM Secretary of State

1. Entity Name	MENT # F99809 00 J. DEARMENDI, M.D., P./		Secretary of State				
Principal Place 3661 S MIAM #503 MIAMI, FL 33	II AVE	Mailing Address 3661 S MIAMI AVE #503 MIAMI, FL 33133 US					- 
DO NOT WRITE IN THIS SPA			CE	07012004 No Chg-P CR2E034 (10/03)  4. FEI Number			
3661 S MI/ #503 MIAMI, FL	33133	DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
_	Supporter, tyled or printed name of registered agent and LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	ed Agent signature required	.00 May Be	Hanan	DATE	<del></del>	
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  JITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	OFFICERS AND D PVT DEARMENDI, FERNANDO J. 3661 S MIAMI AVE #503 MIAMI, FL	RECTORS			<u>- 500951</u> 07/07/04-	<del>0153464</del> -80004-(	308 550 <b>.</b> 00
STREET ADDRESS CITY-ST-ZIP				DO N	OT W	RITE	

## DO NOT WRITE IN THIS SPACE

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 reports 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/09 Date

Daytime Phone #