


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # G16933 1. Entity Name EAST GABLES MEDICAL CENTER, CORP. | | | |  | |
| Principal Place of Business 110 NW 27TH AVE, MIAMI, FL 33125 P.O.BOX 144036 CORAL GABLES FL 33114 | | | Mailing Address 110 NW 27TH AVE, MIAMI, FL 33125 P.O.BOX 144036 CORAL GABLES FL 33114 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 59-2237115 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent GONZALEZ, PEDRO 110 N.W. 27TH AVENUE MIAMI FL 33125 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GONZALEZ, ISABEL 727 E. DILDO DRIVE MIAMI FL 33139 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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MOORE CR2E034 (11/03)

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03/01/04-80062-002 150.00

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

2-26-04

Date

305-644-9091

Daytime Phone #