2004 FOR PROFIT CORPORATION ANNUAL REPORT



1. Entity Nam	MENT # G90375 EDICAL CENTER, INC.				To and				0013 018 ***	
Principal Plac	e of Business	Mailing Address							ሳለሮዓቦሣ	
B&P MEDCIAL CENTER 3939 NW 7TH ST. #202 MIAMI, FL 33126		B&P MEDCIAL CENTER 3939 NW 7TH ST. #202 MIAMI, FL 33126								
2. Principal Place of Business		3. Mailing Address								
Suile, Apt. #, etc.		Suite, Apt. #, etc.			012420	04 Chg-F	,	CR2E034 (10/0	3)	
City & State		City & State				4. FEI Nu 59-2	mber 385062			Applied For Not Applicable
Zip	Country	Zip	Count	try		5. Certific	ate of Status De	esired	\$8.75 / Fee Requ	
	6. Name and Address of Current	Registered Agent			X	7. Name	and Address o	New Regi	stered Agent	
VALENTINE, RENFORD O 16570 NW 16 STREET PEMBROKE PINES, FL 33028				Name ARCE, MYRIAM I. Street Address (P.O. Box Number is Not Acceptable)						
				19°	76	5W	163R	9 /	IVE EL ZpC	ode
				M	114	NNIA			Г Ь 3-	3021
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office or	r register	ed agent, o	both, in the Sta	te of Florida	a. I am familiar w	ith, and accept
SIGNATURE	somow 1. are	Murian	1 I	. Arc	-0			01/2	บไดน	
0.0	Signature, typed or printed, name of registered agent	and title if applicable. (NOTI	E: Registered	d Agent signatu	ure required	when reinstating))	<u> </u>	DATE	
FIL	Sgnaffe, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa	ign Finan		\$5.	00 May Beed to Fees			DATE	
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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.