

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90013 018 ***158.75

DOCUMENT # G90375

1. Entity Name
B & P MEDICAL CENTER, INC.



Principal Place of Business
**B&P MEDICAL CENTER
3939 NW 7TH ST. #202
MIAMI, FL 33126**

Mailing Address
**B&P MEDICAL CENTER
3939 NW 7TH ST. #202
MIAMI, FL 33126**

24005367



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2385062

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered 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)

1976 SW 163RD AVE

City **MIRAMAR**

FL

Zip Code **33027**

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

Myriam I. Arce

Myriam I. Arce

01/24/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **VALENTINE, RENFORD O**
STREET ADDRESS **16570 NW 16 STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **PS** ☐ Change ☒ Addition
NAME **ARCE, MYRIAM I.**
STREET ADDRESS **1976 SW 163RD AVE.**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **TD** ☐ Delete
NAME **HOLGUIN, ILIANA M**
STREET ADDRESS **1976 SW 163RD AVENUE**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Myriam I. Arce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/04
Date

(305) 643-2600
Daytime Phone #