

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G90375

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: B & P MEDICAL CENTER, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 59-2385062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARLE, MYRIAM I  
1976 SW 163RD AVE  
HOLLYWOOD, FL 33027 US

## Name and Address of New Registered Agent:

RODRIGUEZ, LEONARDO  
1976 SW 163RD AVE  
HOLLYWOOD, FL 33027 US

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.

SIGNATURE: LEONARDO RODRIGUEZ

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: ARLE, MYRIAM I  
Address: 1976 SW 163RD AVE  
City-St-Zip: HOLLYWOOD, FL 33027

Title: TD ( ) Delete  
Name: HOLGUIN, ILIANA M  
Address: 1976 SW 163RD AVENUE  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: RODRIGUEZ, LEONARDO  
Address: 1976 SW 163RD AVE  
City-St-Zip: HOLLYWOOD, FL 33027

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARDO RODRIGUEZ

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date