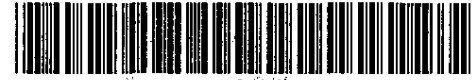


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90299 004 \*\*\*150.00

24061947



MOORE CR2E034 (11/03)



**DOCUMENT # J01939**

1. Entity Name  
**MIAMI SPRINGS AMBULATORY CLINIC, INC.**

Principal Place of Business  
**230 PARK STREET  
 MIAMI SPRINGS FL 33166**

Mailing Address  
**230 PARK STREET  
 MIAMI SPRINGS FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2681658**

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

**MEJIA, EDUARDO  
 781 CRANDON BLVD., #1002  
 KEY BISCAYNE FL 33149**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MEJIA, BLANCA	
STREET ADDRESS	781 CRANDON BLVD., #1002	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MEJIA, EDUARDO	
STREET ADDRESS	781 CRANDON BLVD., #1002	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEJIA, BLANCA S	
STREET ADDRESS	781 CRANDON BLVD., #1002	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEJIA, LOUIS	
STREET ADDRESS	781 CRANDON BLVD., #1002	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eduardo Mejia* **EDUARDO MEJIA** **3-12-04** **305-888-2607**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #