

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01939

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: MIAMI SPRINGS AMBULATORY CLINIC, INC.

**Current Principal Place of Business:**

230 PARK STREET  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

230 PARK STREET  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

FEI Number: 59-2681658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: MEJIA, BLANCA,  
Address: 781 CRANDON BLVD., #1002  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVS ( ) Delete  
Name: MEJIA, EDUARDO,  
Address: 781 CRANDON BLVD., #1002  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V ( ) Delete  
Name: MEJIA, BLANCA S  
Address: 781 CRANDON BLVD., #1002  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V ( ) Delete  
Name: MEJIA, LOUIS  
Address: 781 CRANDON BLVD., #1002  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: EDUARDO MEJIA

DVS

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date