


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

02-20-2006 90042 022 ***150.00

DOCUMENT # K93835			
1. Entity Name GASTROINTESTINAL CENTER OF HIALEAH, INC.			
Principal Place of Business 135 W 49 ST HIALEAH FL 33012		Mailing Address 135 W 49 ST HIALEAH FL 33012	
2. Principal Place of Business		3. Mailing Address P.O. Box 22126	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hialeah	
Zip	Country	Zip	Country
33002-2126	USA	33002-2126	USA
4. FEI Number 65-0173048		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, ORLANDO F. 2626 NOCATEE DRIVE MIAMI FL 33133		7. Name and Address of New Registered Agent Name ROBERTO FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 135 W 49 ST City Hialeah FL Zip Code 33002-2126	
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 <i>Sergio M. Rodriguez Jr</i> (SERGIO M. RODRIGUEZ JR) DATE 2/8/06 (NOTE: Registered Agent signature required when re-registering.)			
9. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TORRES, ORLANDO F. 11 PALM ISLAND MIAMI BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ORLANDO F. 11 PALM ISLAND MIAMI BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, SERGIO M. 26199 NW 79 ST MIAMI FL 33075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEW ADDRESS 7999 SW 67 TR MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ROBERTO 3211 SW 192 AVE MIAMI FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Sergio M. Rodriguez Jr</i> (SERGIO M. RODRIGUEZ JR) DATE 2/8/06		305 825-1487	



ATTACHMENT

66007292

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

GASTROINTESTINAL CENTER OF HIALEAH, INC.
P.O. BOX 22126
HIALEAH, FL 33012

Subject: GASTROINTESTINAL CENTER OF HIALEAH, INC.

Reference Number:

K93835

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314



ATTACHMENT

66007292

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2006

GASTROINTESTINAL CENTER OF HIALEAH, INC.
P.O. BOX 22126
HIALEAH, FL 33002-2126 US

Subject: GASTROINTESTINAL CENTER OF HIALEAH, INC.

Reference Number: **K93835**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

SIGNED

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION