2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L58168

1. Entity Name PACE HEALTH NETWORK, INC.

Principal Place of Business

7574 S.W. 77TH COURT MIAMI, FL 33143 US

Mailing Address

P 0 BOX 140777

CORAL GABLES, FL 33114-0777

FILED Feb 02, 2004 08:00 AM Secretary of State



01132004

No Chg-P

CR2E034 (10/03)

4. FE! Number 65-0184177 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

6. Name and Address of Current Registered Agent

ALVAREZ, CESAR L. 1221 BRICKELL AVE MIAMI, FL 33131

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent algrature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$558.00 9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be Added to Fees	U00000029765 02/04/04-80082-005 163.75
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D GONZALEZ, CECILIO F 7574 S.W. 77TH COURT MIAMI, FL 33143			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY+ST-ZIP			DO	NOT WRITE
THE NAME STREET ADDRESS CITY-SI-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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 expresent all 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 received or trustee empowered to execute this report as required by Chapter 507, 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.

SIGNATUREX

TITLE
NAME
STREET ADDRESS
CRY+ST-ZIP

SIGNATURE AND TYPED OF PRINTED MAKE OF SIGNING OFFICER ON DIRECTO

x 02-0+2004

(305) 662-9000