


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-06-2004 90022 037 ***150.00

DOCUMENT # M22314 1. Entity Name ORVI MEDICAL CENTER INC.					
Principal Place of Business 3112 N.E. 2 AVE. MIAMI FL 33137-4102			Mailing Address 3112 N.E. 2 AVE. MIAMI FL 33137-4102		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2593667	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZALDIVAR, ORLANDO 3212 NE 2ND AVE. MIAMI FL 33137				7. Name and Address of New Registered Agent Name: <u>Orlando Zaldivar</u> Street Address (P.O. Box Number is Not Acceptable): <u>7440 HARDING AVE #201</u> City: <u>MIAMI BEACH</u> FL Zip Code: <u>33141</u>	
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: <u>P</u> NAME: <u>TRUCIOS, BEATRIZ</u> STREET ADDRESS: <u>3212 NE 2ND AVE</u> CITY-ST-ZIP: <u>MIAMI FL 33137</u> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <u>Orlando J. Zaldivar</u> STREET ADDRESS: <u>[REDACTED]</u> CITY-ST-ZIP: <u>[REDACTED]</u> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <u>[REDACTED]</u> STREET ADDRESS: <u>[REDACTED]</u> CITY-ST-ZIP: <u>[REDACTED]</u> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>ORLANDO J. ZALDIVAR</u> <u>3/21/07</u> <u>305 573-3077</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

PRESIDENT