
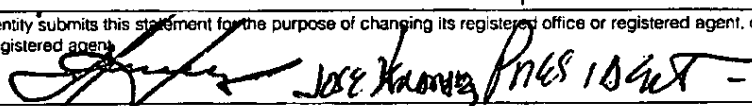
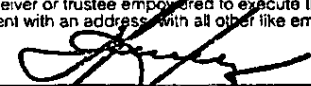


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90245 008 \*\*\*\*61.25

<b>DOCUMENT # N03000003741</b>					
1. Entity Name <b>SOUTH BEACH MEDICAL RESEARCH INSTITUTE, INC.</b>					
Principal Place of Business <b>333 41 ST STE 310 MIAMI BEACH FL 33140</b>			Mailing Address <b>333 41 ST STE 310 MIAMI BEACH FL 33140</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PUJOLS, JOSE R ESQ 2701-SW LEJEUNE RD STE 401 CORAL GABLES FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>4/26/04</b>					
Signature, typed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to: Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JOSE HERNANDEZ, DO PO BOX 611823 MIAMI, FL 33261-1823		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	
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	
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 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 617, 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:  DATE <b>4/26/04</b> DAYTIME PHONE # <b>3055341448</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

4/2

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MOORE CR2E037 (11/03)