


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

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**


09-20-2004 90001 024 \*\*\*\*61.25

**DOCUMENT # N50681**  
 1. Entity Name  
**WORLD MEDICAL MATCH, INC.**



Principal Place of Business Mailing Address  
 175 SE 25TH RD 10D 175 SE 25TH RD 10D  
 MIAMI FL 33129 MIAMI FL 33129

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

8/17/04 54073127  
  
 MOORE CR2E037 (4/04)  
 4. FEI Number 65-0386118 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RICHARD, MARK**  
**6950 N KENDALL DRIVE**  
**MIAMI FL 33156**  
*9360 SW 72ST*  
*MIAMI FL 33173*  
*STE. 283*

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*CHANGE OF ADDRESS*  
 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	BARRY, MARY JANE	175 SE 25TH RD. 10D	MIAMI FL 33129	<input type="checkbox"/>
VD	MENDOZA, MANUEL	7840 SW 29TH ST.	MIAMI FL 33155	<input type="checkbox"/>
SD	EDIAZ, JOSE	300 NE 2ND AVE.	MIAMI FL 33129	<input type="checkbox"/>
D	FERNANDEZ, RAMON	500 COLLEGE TERRACE	HOMESTEAD FL 33030-6009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Mary Jane Barry* 8-17-04 305-856-0462  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #