


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000011525 1. Entity Name BAY HARBOR PROFESSIONAL CENTER, INC.	
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Principal Place of Business 2450 NE MIAMI GARDENS DR, 2ND FL N MIAMI BEACH, FL 33180	Mailing Address 2450 NE MIAMI GARDENS DR, 2ND FL N MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0979158	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMITH, JOSE
2450 NE MIAMI GARDENS DR, 2ND FL
N MIAMI BEACH, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIGELMAN, ANITA 9509 HARDING AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, JOSE 2450 NE MIAMI GARDENS DR, 2ND FL N MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, SARA 2450 NE MIAMI GARDENS DR, 2ND FL N MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIGELMAN, EUGENIO S 9509 HARDING AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/05-80020-001 150.00

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IN THIS SPACE**

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:  JOSE SMITH

1/5/05

Date

305-792-0060

Daytime Phone #