

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025026

FILED  
Apr 05, 2004  
Secretary of State

**Entity Name:** HEALTH GROUP MEDICAL SERVICE, INC.

**Current Principal Place of Business:**

2001 NW 7TH STREET  
SUITE 204  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

2001 NW 7TH STREET  
SUITE 204  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:** 65-0989062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, LILLIANA  
2001 NW 7TH STREET  
STE. 204  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** GONZALEZ, LILIANA C  
**Address:** 9088 NW 113 ST  
**City-St-Zip:** HIALEAH, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LILIANA GONZALEZ

PD

04/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date