

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047657

FILED  
Apr 20, 2004  
Secretary of State

**Entity Name:** INTERNATIONAL MEDICAL CLINIC, CORP.

## Current Principal Place of Business:

2250 SW 3RD AVE.  
SUITE 150  
MIAMI, FL 33129

## New Principal Place of Business:

2250 SW 3RD AVE.  
SUITE 150  
MIAMI, FL 33129 US

## Current Mailing Address:

2250 SW 3RD AVE.  
SUITE 150  
MIAMI, FL 33129

## New Mailing Address:

2250 SW 3RD AVE.  
SUITE 150  
MIAMI, FL 33129 US

**FEI Number:** 65-1007032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

WALLED, ROSA  
1800 SW 8 STREET  
MIAMI, FL 33135 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: WALLED, ROSA  
Address: 1800 SW 8 STREET  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WALLED, ROSA  
Address: 1800 SW 8 STREET  
City-St-Zip: MIAMI, FL 33135 US

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: ROSA WALLED

P

04/20/2004

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

\_\_\_\_\_  
Date