

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

01-28-2004 90009 044 ***158.75

DOCUMENT # P0000061117

1. Entity Name
GREATER MIAMI HEALTH MEDICAL CENTER INC.



Principal Place of Business
**807 S W 25 AVE
 SUITE 302B
 MIAMI, FL 33135**

Mailing Address
**807 S W 25 AVE
 SUITE 302B
 MIAMI, FL 33135**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

66402721



02132004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1021390

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, RODOLFO
807 S W 25 AVE
302B
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name
JAMILKA HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
807 S.W. 25 Ave

Suite
Suite 302B

City
Miami FL Zip Code
33135

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: *Jamilka Hernandez* DATE: **2/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	RAMOS, RODOLFO 807 S.W 25 AVE 302B MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete	TITLE P	JAMILKA HERNANDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 807 S.W. 25 Ave # 302B MIAMI, FL 33135
TITLE VD	HOFFMAN, RONALD S DR 807 S.W. 25 AVE 302B MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	CASAS, LIDIA 807 S.W. 25 AVE 302B MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete	TITLE S	JAN-LIA DIAZ-ARAVELLES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 807 S.W. 25 Ave # 302B MIAMI, FL 33135
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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 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: *Jamilka Hernandez* DATE: **2/12/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #