


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000090836 1. Entity Name FLAGLER MEDICAL CENTER, INC.	
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Principal Place of Business 8410 WEST FLAGLER ST. SUITE 208 B MIAMI, FL 33144	Mailing Address 8410 WEST FLAGLER ST. SUITE 208 B MIAMI, FL 33144
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07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1053217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERRERA, CARLOS H 6681 SW 137TH COURT UNIT A MIAMI, FL 33183

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 \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRERA, CARLOS H 6681 SW 137TH CT. UNIT A MIAMI, FL 33183
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07/15/04-80009-024 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7/12/04 Daytime Phone # 305-228-2728