FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DO NOT WRITE IN THIS SPACE

3. Mailing Address

City & State

MIAMI, FL

ZiD

33145

Suite, Apt. #, etc. **SUITE: 202**

2750 CORAL WAY

DOCUMENT # P00000102271 1. Entity Name

Principal Place of Business

2750 CORAL WAY

Suite, Apt. #, etc.

SUITE: 202 City & State

MIAMI, FL

Zio

33145

PASTEUR MEDICAL CENTER, INC.

Country

US



CERTIARY OF STATE TSTON OF CORPORATIO. 03 OCT -9 PM 12: 08

400023977644 10/21/03--01087--043 **150.00

400 NOT WRITE IN THIS SPACE					
4. FEI Number 6	5 4050000	Applied For			
6	5-1050883	Not Applicab			
		\$8.75 Additional			

DO NOTWRITE NATHS SPACE

7. Name and Address of Current Registered Agent Name GERARDO A. NECUZE

Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

2750 CORAL WAY SUITE: 202

City MIAMI

Zip Code 33145

Fee Required

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.

Country

US

SIGNATURE

Gerardo A. Newze Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent sonsons required when renatating)

10/08/03

	Speake, typed or princal balls of agreemed agent and the 7 s. pocase. Luary, 1 May II. Fee is \$150.00 After May 1, Fee is \$550.00 Amandod UBR is \$61.25 Payable to Florida Department of State	Man in Heffingum, selvat saktorine terhwen oven ter	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND DIRECTORS		
TITLE SMAN SMAN	(VP) LUIS A. PEREZ 2750 CORAL WAY SUITE: 202 MIAMI, FL 33145	TITE NAME STRICT ANNESS UTY-ST-2P	
THLE NAME STREET ADDRESS CHY-ST-ZP	(P) GERARDO A. NECUZE 2750 CORAL WAY SUITE: 202 MIAMI, FL 33145	THE NAME STREET ADDRESS COLVEST APP	
title Name Street Address Dity-st-ZP	(T) MANUEL A. ENRIQUEZ 2750 CORAL WAY SUITE: 202 MIAMI, FL 33145	110 MM. STATE A0085S CTV-ST-0P	DO NOT WRITE
TITLE NAME STREET AODRESS CITY-ST-ZP		THE NAME. SHEET ADDRESS. CITY-TI-CP	IN THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP		AMC STATE ASSESS STATE ASSESS	
TITLE NAME STREET ADDRESS CITY-ST-ZP		THE SAME SIRES ADDRESS COTT STEEP	

12. Thereby certify that the information supplied with this filling does not quality 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 early, 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 on an attachment with an address, with all other like empowered

SIGNATURE:

Gerardo A. Necuze

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/03

Date

Caytime Phone ii

PASTEUR MEDICAL CENTER, INC.

TO WHOM IT MAY CONCERN: TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

100

Gerardo A. Necuze

GERARDO A NECUZE PRESIDENT