


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

DOCUMENT # P00000102271	
1. Entity Name PASTEUR MEDICAL CENTER, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -9 PM 12:08

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2750 CORAL WAY		3. Mailing Address 2750 CORAL WAY	
Suite, Apt. #, etc. SUITE: 202		Suite, Apt. #, etc. SUITE: 202	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33145	Country US	Zip 33145	Country US

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name GERARDO A. NECUZE	
	Street Address (P.O. Box Number is Not Acceptable) 2750 CORAL WAY SUITE: 202	
	City MIAMI	Zip Code FL 33145

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 Gerardo A. Neuze DATE 10/08/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to: Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
(VP)	LUIS A. PEREZ	2750 CORAL WAY SUITE: 202	MIAMI, FL 33145
(P)	GERARDO A. NECUZE	2750 CORAL WAY SUITE: 202	MIAMI, FL 33145
(T)	MANUEL A. ENRIQUEZ	2750 CORAL WAY SUITE: 202	MIAMI, FL 33145

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gerardo A. Neuze DATE 10/08/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2ED34B (12/02)

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

Gerardo A. Necuze

GERARDO A NECUZE
PRESIDENT