2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P00000107632 --CLINICAS FINLAY OF HIALEAH, INC. Principal Place of Business Mailing Address 415 WEST 49TH STREET 415 WEST 49 STREET HIALEAH, FL 33012 HIALEAH, FL 33012 No Chg-P 01132005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1056619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MARTINEZ, OSVALDO DO NOT WRITE 415 WEST 49TH STREET HIALEAH, FL 33012 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating). V00000325286 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 04/23/05-80009-021 150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE MARTINEZ, ŌSVALDO NAME STREET ADDRESS 415 WEST 49TH STREET CITY-ST-7IP HIALEAH, FL 33012 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.

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RGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE:

FILED