

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90541 047 \*\*\*158.75

**DOCUMENT # P00000112301**  
 1. Entity Name  
**SERENE MEDICAL CENTER OF HIALEAH, INC.**



Principal Place of Business      Mailing Address  
**55 WEST 29TH STREET**      **55 WEST 29TH STREET**  
**#2**      **#2**  
**HIALEAH FL 33012**      **HIALEAH FL 33012**

2. Principal Place of Business      3. Mailing Address  
**383 WEST 34 ST**      **383 WEST 34 ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**HIALEAH, FLORIDA**      **HIALEAH, FLORIDA**

Zip      Country      Zip      Country  
**33012**      **USA**      **33012**      **USA**



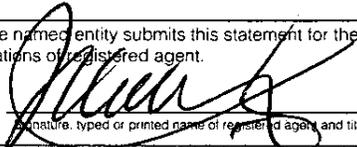
MOORE      CR2E034 (11/03)

4. FEI Number      Applied For  
**65-1061372**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**MORALES, PABLO J**  
**55 WEST 29TH STREET**  
**#2**  
**HIALEAH FL 33012**

7. Name and Address of New Registered Agent  
 Name **JUAN URBINA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**383 WEST 34 ST**  
 City **HIALEAH**      FL      Zip Code **33012**

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       DATE **4-19-2004**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

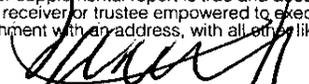
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	URBINA, ESPERANZA	
STREET ADDRESS	10100 SW 127TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	URBINA, JUAN F	
STREET ADDRESS	10100 SW 127TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORALES, PABLO J	
STREET ADDRESS	7141 SW 129TH AVENUE #3	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **JUAN URBINA**      DATE **4-19-2004**      DAYTIME PHONE # **3058858722**