

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113331

FILED
Jan 15, 2004
Secretary of State

Entity Name: MEDICAL ASSOCIATES OF MIAMI INC.

Current Principal Place of Business:

12940 SW 63 AVE
MIAMI, FL 33156

New Principal Place of Business:

1405 SW 107 AVE.
301-G
MIAMI, FL 33174 US

Current Mailing Address:

9400 S DADELAND BLVD
PENTHOUSE FIVE
MIAMI, FL 33156

New Mailing Address:

1405 SW 107 AVE.
301-G
MIAMI, FL 33174 US

FEI Number: 65-1108373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAAVEDRA, JOSE A ESQ.
9400 S DADELAND BLVD PENTHOUSE FIVE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

CADAVIECO, LAZARO
1405 SW 107 AVE.
301-G
MIAMI, FL 33174 US

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.

SIGNATURE: LAZARO CADAVIECO

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEL VALLE, FELIPE A M.D.
Address: 12940 SW 63 AVE
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: CADAVIEGO, LAZARO
Address: 12940 SW 63 AVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEL VALLE, FELIPE A M.D.
Address: 1405 SW 107 AVE. SUITE 301-G
City-St-Zip: MIAMI, FL 33174 US

Title: D (X) Change () Addition
Name: CADAVIEGO, LAZARO
Address: 1405 SW 107 AVE. SUITE 301-G
City-St-Zip: MIAMI, FL 33174 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO CADAVIECO

D

01/15/2004

Electronic Signature of Signing Officer or Director

Date