2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113783

Entity Name: ONYX MEDICAL CENTER INC.

FILED Feb 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8150 SW 8 ST, 207 8150 SW 8TH STREET MIAMI, FL 33144

SUITE 207 MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

8150 SW 8 ST, 207 8150 SW 8TH STREET MIAMI, FL 33144 SUITE 207

MIAMI, FL 33144

FEI Number: 65-1060919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTES, JOSE LUIS MONTES, JOSE L 1375 SW. 75 AVE. 14301 SW 88TH STREET MIAMI, FL 33144 B206

MIAMI, FL 33186 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: JOSE MONTES 02/23/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PSTD () Delete Title: MONTES, JOSE LUIS Name: Name: MONTES, JOSE L

1375 SW. 75 AVE. 14301 SW 88TH STREET B206 Address: Address:

City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33186

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: JOSE MONTES OWNE 02/23/2004