FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90423 020 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000117292

1. Entity Name
CLINICA FATIMA, INC.

54048031

Principal Place of Business	Mailing Address
3320 PALM AVENUE HIALEAH, FL 33012	3320 PALM AVENUE HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01292004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0017856 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, XAVIER L ESQ.
~~3320 PALM AVE~~
~~HIALEAH, FL 33012~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Road, 6th floor
City Coral Gables FL Zip Code 33134

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 Xavier L. Suarez, Esq. [signature] 4-29-2004
Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: PD NAME: PADRON, FRANCISCO STREET ADDRESS: 3320 PALM AVENUE CITY-ST-ZIP: HIALEAH, FL 33012	☒ Delete	TITLE: PD NAME: JORGE A. ALVAREZ STREET ADDRESS: 3320 Palm Avenue CITY-ST-ZIP: Hialeah, Fl 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Jorge A. Alvarez, President-Director 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

ATTACHMENT

5404831

P000001172 92

La Clinica Fátima

A Full-Service Medical Center

Bobby Alvarez
Administrator

3320 Palm Avenue, Hialeah, FL 33012
Office: (305) 885-8511/ Fax: (305) 888-5857
Direct: (305) 888-3934
Cellular: (305) 796-5910
Email: bobbyalvarez1@hotmail.com