
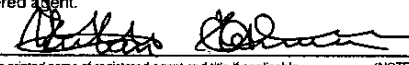
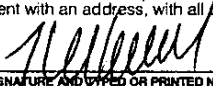


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P00000117292</b> 1. Entity Name <b>CLINICA FATIMA, INC.</b>						<b>FILED</b> <b>05 JUL 25 AM 9 16</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3320 PALM AVENUE HIALEAH, FL 33012</b>				Mailing Address <b>3320 PALM AVENUE HIALEAH, FL 33012</b>			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country				3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>30-0017856</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SUAREZ, XAVIER L ESQ. 2600 DOUGLAS ROAD 6TH FLOOR CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>Ruben CERVERA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3320 Palm Avenue</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>			
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:  <b>Ruben Cervera</b> DATE: <b>7-22-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD ALVAREZ, JORGE A 3320 PALM AVENUE HIALEAH, FL 33012</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700058354457</b> <b>08/09/05--01002--002 **\$61.25</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CERVERO, RUBEN 3320 PALM AVE HIALEAH, FL 33012</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PDS Ruben CERVERA 3320 Palm Ave. Hialeah, FL 33012</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S PALOMA, PADEON 3320 PALM AVE HIALEAH, FL 33012</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SUAREZ, XAVIER L 3320 PALM AVE HIALEAH, FL 33012</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>Jorge A. ALVAREZ</b> DATE: <b>7-22-05</b> DAYTIME PHONE: <b>305-968-1222</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							