


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90013 042 ***150.00

DOCUMENT # P01000001291	
1. Entity Name ASSOCIATES IN HEALTHCARE, INC.	

Principal Place of Business 2541 SOUTHWEST 27TH AVENUE SUITE 202 MIAMI, FL 33133	Mailing Address 2541 SOUTHWEST 27TH AVENUE SUITE 202 MIAMI, FL 33133
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94027109

2. Principal Place of Business 240 Crandon B/vd. Suite, Apt. #, etc. Suite 107	3. Mailing Address 240 Crandon B/vd. Suite, Apt. #, etc. Suite 107
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02192004 Chg-P CR2E034 (10/03)

City & State Key Biscayne, FL	City & State Key Biscayne, FL
Zip 33149	Country USA
Zip 33149	Country USA

4. FEI Number 65-1064449	Applied For <input type="checkbox"/> Not Applicable
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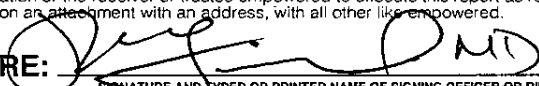
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GIRALA, RICARDO 2541 SW 27TH AVENUE MIAMI, FL 33133	7. Name and Address of New Registered Agent Name Ricardo A. Giralda, M.D. Street Address (P.O. Box Number is Not Acceptable) 240 Crandon B/vd. ste 107 City Key Biscayne FL Zip Code 33149
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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 Feb/19/2004

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GIRALA, RICARDO A MD 2541 SOUTHWEST 27TH AVENUE MIAMI, FL 33133 <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	SVD GIRALA, ADOLFO J PA 2541 SOUTHWEST 27TH AVENUE MIAMI, FL 33133 <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
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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/19/2004 (305)361-0100 Daytime Phone #