

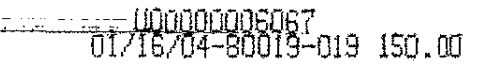
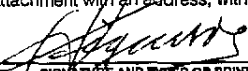


FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000003960 1. Entity Name FIGUEROA MEDICAL CENTER INC.				San 16, 2004 03:00 AM Secretary of State	
Principal Place of Business 50 W. 29 ST 4 HIALEAH, FL 33012 US		Mailing Address 50 W. 29 ST 4 HIALEAH, FL 33012 US			
DO NOT WRITE IN THIS SPACE				01142004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 65-1066648	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGUEROA, OSCAR 50 W. 29 ST HIALEAH, FL 33012				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
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	
10. OFFICERS AND DIRECTORS				 01/16/04-80019-019 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, OSCAR 50 W. 29 ST. #4 HIALEAH, FL 33012				
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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: 				1-14-04 (305) 888-7222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone	