

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000003960

1. Entity Name
FIGUEROA MEDICAL CENTER INC.



Principal Place of Business
50 W. 29 ST
4
HIALEAH, FL 33012 US
Mailing Address
50 W. 29 ST
4
HIALEAH, FL 33012 US

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



DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1066648	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE D
NAME FIGUEROA, OSCAR
STREET ADDRESS 50 W. 29 ST. #4
CITY-ST-ZIP HIALEAH, FL 33012

000000008067
01/16/04-80019-019 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

1-16-04 (305)8887
Date
Daytime Phone #