

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019454

FILED
Jan 23, 2004
Secretary of State

Entity Name: BELIEF MEDICAL CENTER, INC.

Current Principal Place of Business:

4501 PALM AVE
STE 105-106
HIALEAH, FL 33012

New Principal Place of Business:

4201 PALM AVE
SUITE 2B
HIALEAH, FL 33012

Current Mailing Address:

4501 PALM AVE
STE 105-106
HIALEAH, FL 33012

New Mailing Address:

4201 PALM AVE
SUITE 2B
HIALEAH, FL 33012

FEI Number: 65-1076823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTE DE OCA, SANDRA
10331 SW 54 STREET
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

CARCASSES, ANGEL
8861 FONTAINEBLEAU BLVD
105
MIAMI, FL 33172

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.

SIGNATURE: ANGEL CARCASSES

01/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARCASSES, ANGEL
Address: 8861 FONTAINEBLEAU BLVD, #105
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARCASSES, ANGEL
Address: 8861 FONTAINEBLEAU BLVD #105
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL CARCASSES

PD

01/23/2004

Electronic Signature of Signing Officer or Director

Date