


**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90225 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000019454**

1. Entity Name  
**BELIEF MEDICAL CENTER, INC.**



Principal Place of Business      Mailing Address  
 4517 PALM AVE                      4517 PALM AVE  
 STE 105-106                          STE 105-106  
 HIALEAH, FL 33012                  HIALEAH, FL 33012

**55044942**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address  
**4501 Palm Ave**                      **4501 Palm Ave.**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
**Ste. 105-106**                          **Ste. 105-106**

City & State                              City & State  
**Hialeah, FL**                              **Hialeah, FL**  
 Zip    Zip    Country  
**33012**    **33012**

4. FEI Number                              Applied For  
**65-1076823**                              Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MONTES DE OCA, SANDRA**  
**10331 SW 54 STREET**  
**MIAMI, FL 33165**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

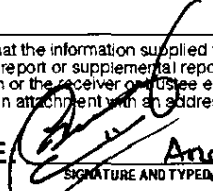
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JIMENEZ, COSSETTA</b> <b>4517 PALM AVE STE 105-106</b> <b>HIALEAH, FL 33012</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Angel Carcasses</b> <b>8861 Fontainebleau Blvd. #105</b> <b>Miami, FL 33172</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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  **Angel Carcasses - President**      05-28-03      305-220-4603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)