


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000026315	
1. Entity Name SANTA AMELIA MEDICAL CENTER, INC.	

Principal Place of Business 9290 SUNSET DRIVE SUITE 102 MIAMI FL 33173 US	Mailing Address 9290 SUNSET DRIVE SUITE 102 MIAMI FL 33173 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. # etc	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 65-1082332	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		7. Name and Address of New Registered Agent	
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GONZALEZ, MAYRA 8567 S.W. 25 STREET #105 MIAMI FL 33155		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reconstituting)	DATE
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FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP PD GONZALEZ, MAYRA 8567 S.W. 25 STREET #105 MIAMI FL 33155	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.
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SIGNATURE:

[Signature]

1-26-04 305-5985054