

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056560

FILED
Sep 20, 2004
Secretary of State

Entity Name: MIDWAY HEALTHCARE CENTER, INC.

Current Principal Place of Business:

8260 W. FLAGLER ST., #2-B
MIAMI, FL 33144

New Principal Place of Business:

11373 W FLAGLES ST #201
MIAMI, FL 33174

Current Mailing Address:

8260 W. FLAGLER ST., #2-B
MIAMI, FL 33144

New Mailing Address:

11373 W FLAGLER ST #201
MIAMI, FL 33174

FEI Number: 65-1109812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONET, NELSON
8260 W. FLAGLER ST., #2-B
MIAMI, FL 33144

Name and Address of New Registered Agent:

BONET, NELSON
11373 W FLAGLER ST #201
MIAMI, FL 33174

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:

09/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BONET, NELSON
Address: 8260 W. FLAGLER ST., #2-B
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BONET, NELSON
Address: 11373 W FLAGLER ST #201
City-St-Zip: MIAMI, FL 33174

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: NELSON BONET

P

09/20/2004

Electronic Signature of Signing Officer or Director

Date