

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058504

FILED
Jan 13, 2004
Secretary of State

Entity Name: HIDALGO'S MEDICAL CENTER FOR EDUCATION AND TECHNOLOGY RESEARCH, INC.

Current Principal Place of Business:

3817 W. HUMPHREY ST.
SUITE 204
TAMPA, FL 33614 US

New Principal Place of Business:

6712 DAIRY ROAD
ZEPHYRHILLS, FL 33542 US

Current Mailing Address:

3817 W. HUMPHREY ST.
SUITE 204
TAMPA, FL 33614 US

New Mailing Address:

6712 DAIRY ROAD
ZEPHYRHILLS, FL 33542 US

FEI Number: 59-3724993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIDALGO, NELLY
14308 WEDGEWOOD CT.#127
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

HIDALGO, NELLY
6712 DAIRY ROAD
ZEPHYRHILLS, FL 33542 US

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: HIDALGO NELLY

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HIDALGO, NELLY
Address: 3817 W. HUMPHREY STREET, SUITE 204
City-St-Zip: TAMPA, FL 33614 US

Title: VP (X) Delete
Name: PULIDO, CAROLINA
Address: 3817 W. HUMPHREY STREET, SUITE 203 - 204
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HIDALGO, NELLY
Address: 6712 DAIRY ROAD
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HIDALGO NELLY

PSTD

01/13/2004

Electronic Signature of Signing Officer or Director

Date