

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062535

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: MIAMI BEACH HOSPITALIST, INC.

**Current Principal Place of Business:**

1551 SAWGRASS CORPORATE PARKWAY  
SUITE 110  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 266211  
WESTON, FL 333266211

**New Mailing Address:**

FEI Number: 65-1120810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLEIN, BRENT D  
801 BRICKELL AVE, STE 1901  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

KLEIN, BRENT D  
TWO ALHAMBRA PLAZA  
PENTHOUSE II B  
CORAL GABLES, FL 33134 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/09/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ARMAS, JOSE  
Address: 1551 SAWGRASS CORPORATE PKWY #110  
City-St-Zip: SUNRISE, FL 33323

Title: T ( ) Delete  
Name: ZAFFOS, STEVEN  
Address: 1551 SAWGRASS CORPORATE PKWY #110  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: STEVEN ZAFFOS

Electronic Signature of Signing Officer or Director

T

01/09/2004

Date