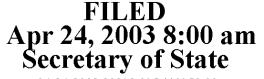
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000100781 **DOCUMENT #** 1. Entity Name



04-24-2003 90219 015 ***150.00

CENTRO MEDICO HISPANO I, INC.						'			
2102 NORTH HIMES 210			Mailing Address 2102 NORTH HIMES TAMPA FL 33607			- 			
2. Principal Place of Business 2707 N. Himes Aue			3. Mailing Address 2707 N. Himes Acce				3 LOUITOUR SIN DONER TRUIT BOTTE OUTLE DER SIN		B1 (B1B) 119(18B)
Suite, Apt.		o	Suite, Apt. #, etc.				_		
,	,	1	,				☐ CHECK HERE IF MAKIN	IG CHANGE	ES .
City & Star	de	City & State				4.	FEI Number 59-3747481	-	Applied For Not Applicable
Zip	Country	Zip		Cour	itry	5.	Certificate of Status Desired	\$8.75 A Fee Requi	
··· · · · · · · · · · · · · · · · · ·	6. Name and Address of Curren	Register	ed Agent			7.	Name and Address of New Registered	f Agent	
					Name 1				
RIVAS, BENJAMIN JR. 19023 CHEMILLE DRIVE					Street Address (P.O. Box Number is Not Acceptable)				
LUTZ FL (33549								
					City		F	L Zip Co	ode
	named entity submits this statement fitions of registered agent.	or the purp	oose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Florida. I an	n familiar wit	h, and accept
SIGNATURE	Signature, typed or printed name of registered agen		Parkla MOT	- B					
		and title if app	icable. (NOT	E: Registere	d Agent signature require	a when re	einstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00						Election Campaign Financing Trust Fund Contribution.		.00 May Be led,to Fees
	c Payable to Florida Department of OFFICERS AND			-			DITIONS (CLANGES TO OFFICE TO	n 01050T0	20 11 44
TITLE	CEOD	DINECTO	Delete	11.	<u> </u>	AL	DDITIONS/CHANGES TO OFFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	RIVAS, BENJAMIN JR 19023 CHEMILLE DRIVE LUTZ FL 33549		∟ Delete	NAM STRE				Lad Change	, Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORTIZ, MARIBEL 9718 FOX HOLLOW ROAD		☐ Delete		i			☐ Change	e
	TAMPA FL 33647		Delete		-81-2Ir				Addition
TITLE NAME STREET ADDRESS		. —		NAM	-		Constitution of the contract o	—— Ej ∙u⊓ange	AGOIIION -
CITY-ST-ZIP				CITY	-ST-ZIP				
TITLE			☐ Delete	TITLE	i			Change	: Addition
NAME STREET ADDRESS				NAM STRE	ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				
TITLE			☐ Delete	TITLE	:			☐ Change	Addition
NAME				NAM	E .			J	1
STREET ADDRESS					ET ADDRESS -ST-ZIP				
TITLE			Doloto		-			[] Chanca	Addition
NAME			☐ Delete	TITLE				Change	Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				
indicated	certify that the information supplied with on this report or supplemental report i poration or the receiver or trustee emp	s true and	accurate and that n	ny signat	ure shall have the	same	119.07(3)(i), Florida Statutes. I further ca legal effect as if made under oath; that is da Statutes; and that my name appears	am an office	er or director.

changed, or on an attachment with an address, with

Daytime Phone #