2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# P01000101292

Entity Name: ASSOCIATES MEDICAL CENTER INC.

Current Principal Place of Business:

120 BECON BLVD.
MIAMI, FL 33135

New Principal Place of Business:

120 BEACOM BLVD.
MIAMI, FL 33135

Current Mailing Address:

120 BECON BLVD.
MIAMI, FL 33135

New Mailing Address:

120 BEACOM BLVD.
MIAMI, FL 33135

FEI Number: 65-1146539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, ANA M
120 BECON BLVD.
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

MARTINEZ, ANA M
120 BEACOM BLVD.
MIAMI, FL 33135 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: ANA MARTINEZ 01/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: MARTINEZ, ANA M
Address: 120 BECON BLVD.
City-St-Zip: MIAMI, FL 33135

Title: V ( ) Delete
Name: MILLAN, MYRNA
Address: 120 BEACOM BLVD.
City-St-Zip: MIAMI, FL 33135

Title: S ( ) Delete
Name: MILLAN, CARLOS M
Address: 120 BEACOM BLVD.
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change ( ) Addition
Name: MARTINEZ, ANA M
Address: 120 BECON BLVD.
City-St-Zip: MIAMI, FL 33135

Title: S (X) Change ( ) Addition
Name: MILLAN, MYRNA
Address: 120 BEACOM BLVD.
City-St-Zip: MIAMI, FL 33135

Title: PTD (X) Change ( ) Addition
Name: MILLAN, CARLOS M
Address: 120 BEACOM BLVD.
City-St-Zip: MIAMI, FL 33135

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: CARLOS M MILLAN PTD 01/30/2004
Electronic Signature of Signing Officer or Director Date