FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112856 1. Entity Name

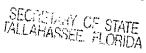
SOUTH FLORIDA MEDICAL SPECIALTY, INC

SIGNATURE:



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1 65-1155264 H	
17 City & State MIAMI, FLORIDA Zip 33174 Country USA Country USA Country USA Country USA A. FEI Number 65-1155264 A	lot Applicable
MIAMI, FLORIDA Zip 33174 Country USA Country USA Country USA S. Certificate of Status Desired Fee Require 7. Name and Address of Current Registered Agent Name OBDILIA GONZALEZ Street Address (P.O. Box Number is Not Acceptable)	lot Applicable
33174 USA 33174 USA 5. Certificate of Status Desired Fee Requir 7. Name and Address of Current Registered Agent Name OBDILIA GONZALEZ Street Address (P.O. Box Number is Not Acceptable)	
DO NOT WRITE IN THIS SPACE Name OBDILIA GONZALEZ Street Address (P.O. Box Number is Not Acceptable)	
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE	
IN THIS SPACE	
IN THIS SPACE 9600 SW 8TH STREET STE.#17	
City MIAMI FL Zio Co	ie
8. The above named eatity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE	
	00 May Be d to Fees
10. OFFICERS AND DIRECTORS	
OBDILIA GONZALEZ] 5
9600 SW 8TH STREET STE 17] 5
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 attachment with an address, with a pother like empowered.	r or director 1

OBDILIA GONZALEZ (PRESIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-225-3539

Daytime Phone #

Date





TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

OBDILIA GONZALEZ

PRESIDENT