


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90298 020 ***150.00

DOCUMENT # P02000012448	
1. Entity Name ONIMED CARE CENTER, INC.	

Principal Place of Business 315 WEST 49TH STREET SUITE A HIALEAH FL 33012	Mailing Address 315 WEST 49TH STREET SUITE A HIALEAH FL 33012
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2. Principal Place of Business 551 W 51 PL Suite, Apt. #, etc. #207 City & State Hialeah FL Zip 33012 Country Dade	3. Mailing Address P.O. Box 22751 Suite, Apt. #, etc. Hialeah City & State Florida Zip 33002 Country Dade
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MOORE CR2E034 (11/03)

4. FEI Number 04-3598857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIEZ, FRANCISCO 80 EAST 61ST STREET HIALEAH FL 33013
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME DIEZ, FRANCISCO	
STREET ADDRESS 80 EAST 61 STREET	
CITY-ST-ZIP HIALEAH FL 33013	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **President 4/25/04** **305-825-0885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #