

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020983

FILED  
Mar 23, 2004  
Secretary of State

Entity Name: FLORIDA PLUS MEDICAL CENTER, INC.

## Current Principal Place of Business:

5190 N.W. 167 ST.  
SUITE 102  
HIALEAH, FL 33013

## New Principal Place of Business:

6905 NW 77 AVE  
MIAMI, FL 33166

## Current Mailing Address:

5190 N.W. 167 ST.  
SUITE 102  
HIALEAH, FL 33013

## New Mailing Address:

6905 NW 77 AVE  
MIAMI, FL 33166

FEI Number: 02-0562293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, MARLENE  
5190 N.W. 167 ST.  
SUITE 102  
HIALEAH, FL 33013 US

## Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FERNANDEZ, MARLENE  
Address: 3300 EAST 4TH AVENUE SUITE 10  
City-St-Zip: HIALEAH, FL 33013

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: LOMBERA, IVETTE VP  
Address: 12864 SW 52 ST  
City-St-Zip: MIRAMAR, FL 33027

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: IVETTE LOMBERA

VP

03/23/2004

Electronic Signature of Signing Officer or Director

Date