2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 25 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000020983

1. Entity Name
FLORIDA PLUS MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
6905 NW 77 AVE MIAMI, FL 33166	6905 NW 77 AVE MIAMI, FL 33166

08182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
02-0562293
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name MARIA KABA

Street Address (P.O. Box Number is Not Acceptable)
2012 S.W. 143 CT.

City MIAMI FL Zip Code 33175

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 Maria Kaba MARIA KABA 8/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, MARLENE 3300 EAST 4TH AVENUE SUITE 10 HIALEAH, FL 33013	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARIA KABA 2012 S.W. 143 CT. MIAMI, FL. 33175	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOMBERA, IVETTE VP 12864 SW 52 ST MIRAMAR, FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President AUGUSTO GUZMAN 6530 S.W. 129 AVE MIAMI, FL. 33183	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MARIA KABA 2012 S.W. 143 CT. MIAMI, FL. 33175	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MARIA KABA 2012 S.W. 143 CT. MIAMI, FL. 33175	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700040645347 08/30/04--01075--010 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Maria Kaba MARIA KABA, PRESIDENT 8/17/04 (305) 863-8085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #