2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90502 008 ***150.00

DOCUMENT # P02000058114

1. Entity Name
SAN FRANCISCO MEDICAL CENTER II, INC.

Principal Place of Business	Mailing Address
15936 SW 137 AVE MIAMI, FL 33177	15936 SW 137 AVE MIAMI, FL 33177

Z00034030

04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

2. FEI Number
02-0608366
☐ Applied For
☐ Not Applicable

3. Certificate of Status Desired ☐ $8.75 Additional Fee Required

4. Name and Address of Current Registered Agent

CASTILLO, FAUSTO P
15936 SW 137 AVE
MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE

5. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 04/27/05
Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required for filing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASTILLO, FAUSTO P
STREET ADDRESS	15936 SW 137 AVE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D
NAME	NOLASCO, RENE
STREET ADDRESS	15936 SW 137 AVE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] 04/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

TOTAL P.02