


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000083005
 1. Entity Name
MARGATE PRIMARY CARE, INC.



ENTERED
JAN 15 2004

Principal Place of Business 3191 CORAL WAY #303 MIAMI, FL 33145	Mailing Address 3191 CORAL WAY #303 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (1Q/03)

4. FEI Number 52-2380946	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HERMIDA, RICK P ESQ.
 2506 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134

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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMAS, JOSE J MD 3191 CORAL WAY #303 MIAMI, FL 33145
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 03/18/04-80020-004 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____