


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000092285	
1. Entity Name FENIX MEDICAL CENTER GROUP, CORP.	

Principal Place of Business 4500 SW 67 AVE #12 MIAMI, FL 33155	Mailing Address 4500 SW 67 AVE #12 MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 50-0007027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GONZALEZ, ORLANDO
4500 SW 67 AVE #12
MIAMI, FL 33155

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000024341 02/02/04-80061-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GONZALEZ, ORLANDO 4500 SW 67 AVE #12 MIAMI, FL 33155
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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: *X* *ORLANDO GONZALEZ* *1/29/04 (305) 663-4007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #