

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100270

Entity Name: SIX DOCTORS MEDICAL CENTER, INC.

FILED
Feb 19, 2004
Secretary of State

Current Principal Place of Business:

2303 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2303 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 48-1275377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REZNIK, STANISLAV
210 174TH STREET
UNIT 2007
SUNNY ISLES BEACH, FL 33160

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: P () Delete
Name: REZNICK, STANISLAV
Address: 210 174 ST #2007
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FULTON, PAUL D.C.
Address: 2303 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

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: PAUL FULTON D.C.

PRES

02/19/2004

Electronic Signature of Signing Officer or Director

Date