

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 19 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102364

1. Entity Name
ADVANCED CARE MEDICAL CENTER, CORP.



Principal Place of Business

6047 SW 8TH ST
MIAMI, FL 33144

Mailing Address

6047 SW 8TH ST
MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE



05-03-04 90725 050 \$150.00
04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1975677

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, FERNANDO
6047 SW 8TH ST
MIAMI, FL 33144

DO NOT WRITE
IN THIS SPACE

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

[Signature]

FERNANDO MARTINEZ

4-20-04

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTV
NAME	MARTINEZ, FERNANDO
STREET ADDRESS	6047 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	D
NAME	MARTINEZ, FERNANDO
STREET ADDRESS	6047 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33144
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

[Signature]

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] FERNANDO MARTINEZ

4-20-04

305-266-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 15, 2005

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

Subject: Advanced Care Medical Center, Inc.
Document #P020000102364

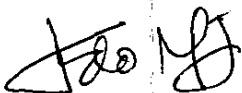
Dear Sir or Madam:

Pursuant to our telephone conversation and as per your instruction, please transfer the amount of \$150.00 applied twice to the annual report of Solution Medical Equipment Inc., Document #P02000124007. The amount of the overage is of \$150.00 to Advanced Care Medical Center, Inc.

The validation information is as follows: Date: 004/23/04 #80039015, amount \$150.00.

Your assistance and cooperation with this matter is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fernando Martinez', with a stylized flourish at the end.

Fernando Martinez
Advanced Care Medical Center, Inc.
6047 SW 8th St
Miami, Florida 33144