

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90051 016 ***150.00

DOCUMENT # P02000103145

1. Entity Name

YCR MEDICAL CENTER, INC.



Principal Place of Business

4602 N ARMENIA AVE, STE B6
TAMPA FL 33603

Mailing Address

4602 N ARMENIA AVE, STE B6
TAMPA FL 33603

54029035



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **06-1649819**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

4602 N ARMENIA AVE, STE B6
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name

Yoanka COBAS

Street Address (P.O. Box Number is Not Acceptable)

4602 N ARMENIA Ave

STE B-6

City **Tampa**

FL

Zip Code **33603**

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

(NOTE: Registered Agent signature required when resigning)

3/03/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME COBAS, Yoanka
STREET ADDRESS 4602 N. ARMENIA AVE.
CITY- ST- ZIP TAMPA FL 33603 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME COBAS, Yoanka
STREET ADDRESS 4602 N ARMENIA Ave STE B-6 (correction)
CITY- ST- ZIP Tampa FL 33603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER REQUIRED NO ABBREVIATION

03/03/04 (813) 877-7775

Attachments - P02000103/45

54029035

Please correct my Name is not YOANNAAS COBAS
is Yoanka.D. Cobas I'm The President
Owner for The corporation.

Thank you

If you have a question please
call me @ (813) 877-775