


AMENDED ANNUAL REPORT AMENDED ANNUAL REPORT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL -2 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103889 1. Entity Name ROSS INTEGRAL MEDICAL CENTER, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2200 SW 16 ST Suite, Apt. #, etc. 122 City & State MIAMI FLORIDA Zip 33145	Country U.S.A	3. Mailing Address SAME Suite, Apt. #, etc. City & State SAME Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0745515	Applied For <input type="checkbox"/> Not Applicable
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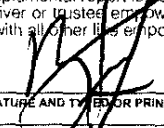
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name RAMON FERNANDEZ	
	Street Address (P.O. Box Number is Not Acceptable) 2200 SW 16 ST.	
	City MIAMI	Zip Code FL 33145

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 x  <small>Signature typed over and name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE 06/26/2003

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAMON FERNANDEZ P/D/S/T 50 NW 55 CT. MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200021449522 07/10/03--01007--023 **\$61.25
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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 on an attachment with an address, with all other lines empowered.	
SIGNATURE: x 	06/26/2003 305 710-0830
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>

CR2E034B (12/02)

9/7/2