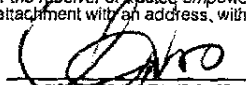


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P0200011839			
1. Entity Name SOUTH FLORIDA PREPAID HEALTH CLINICS, INC.			
Principal Place of Business 3191 CORAL WAY STE 303 MIAMI, FL 33145		Mailing Address 3191 CORAL WAY STE 303 MIAMI, FL 33145	
DO NOT WRITE IN THIS SPACE			
		 01262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 57-1136359	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, BRENT D 801 BRICKELL AVE STE 1901 MIAMI, FL 33131			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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) 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		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	ARMAS, JOSE		
STREET ADDRESS	3191 CORAL WAY STE 303		
CITY- ST- ZIP	MIAMI, FL 33145		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
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 an address, with all other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			