2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004
Secretary of State

DOCUMENT# P02000123867

Entity Name: IDEAL MEDICAL CENTER, INC.

Current Principal Place of Business:

995 NORTH MIAMI BEACH BLVD
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

995 NORTH MIAMI BEACH BLVD. STE #100
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

995 NORTH MIAMI BEACH BLVD
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

995 NORTH MIAMI BEACH BLVD. STE #100
NORTH MIAMI BEACH, FL 33162

FEI Number: 13-4222119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GONZALEZ, WILFREDO
2200 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134 US

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: GONZALEZ, WILFREDO
Address: 2200 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change ( ) Addition
Name: GONZALEZ, WILFREDO
Address: 2200 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

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: WILFREDO GONZALEZ PCD 02/19/2004

Electronic Signature of Signing Officer or Director — Date