MAY-18-04 11:10AM FROM-SPENCER & KLEIN PA +305374489

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000006206

1. Entity Name
HEALTH CARE PROVIDERS OF DADE, INC.

66423641

Principal Place of Business
C/O SPENCER AND KLEIN, P.A.
SUITE 1901, 801 BRICKELL AVENUE
MIAMI, FL 33131

Mailing Address
C/O SPENCER AND KLEIN, P.A.
SUITE 1901, 801 BRICKELL AVENUE
MIAMI, FL 33131

01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 56-2314104 — 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 AVENUE, SUITE 1901
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEIN, BRENT D 801 BRICKELL AVENUE SUITE 1901 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 and typed or printed name of signing officer or director Date Daytime Phone #