2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000007466 03-09-2004 90050 044 ***150.00 STAR MEDICAL CENTER, INC. Principal Place of Business Mailing Address 628 NW 22 AVENUE 628 NW 22 AVENUE 66407082 MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 03022004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7...Name and Address of New Registered Agent Name FUNDORA, MARLEN MRS Street Address (P.O. Box Number is Not Acceptable) **1398 WEST 80 STREET** HIALEAH, FL 33014 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Thire ☐ Delete TITLE ☐ Change Addition FUNDORA, MARLEN NAME NAME STREET ADDRESS 1398 WEST 80TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P mile. . Celete: -IIILE: ☐ Change ______Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP_ TITLE C Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 22, 2004 8:00 am

Daytime Phone #