
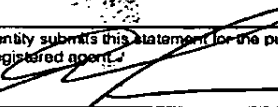
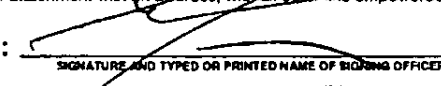


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-10-2005 90133 029 ***158.75

DOCUMENT # P03000010715 1. Entity Name MEDCHOICE MEDICAL CENTER OF MIAMI, INC.			
Principal Place of Business 1987 NW 87TH CT., STE. 201 MIAMI FL 33172		Mailing Address 1987 NW 87TH CT., STE. 201 MIAMI FL 33172	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03-0506056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUNMED, INC. 1987 NW 87TH CT., STE. 201 MIAMI FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1987 N.W. 88TH CT., STE 201 City DORAL, FL Zip Code 33172	
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME TIRADO, ALEXANDER STREET ADDRESS 1987 NW 87TH CT., STE. 201 CITY-ST-ZIP MIAMI FL 33172	TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME TIRADO, ALEXANDER STREET ADDRESS 1987 N.W. 88TH CT., STE 201 CITY-ST-ZIP DORAL, FL 33172		
TITLE D <input type="checkbox"/> Delete NAME MARTIN, MICHAEL J STREET ADDRESS 1987 NW 87TH CT., STE. 201 CITY-ST-ZIP MIAMI FL 33172	TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MARTIN, MICHAEL J. STREET ADDRESS 1987 N.W. 88TH CT., STE 201 CITY-ST-ZIP DORAL, FL 33172		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JUAN OTERO STREET ADDRESS 1987 N.W. 88 CT., STE. 201 CITY-ST-ZIP DORAL, FL 33172		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	