



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000013533</b>		
1. Entity Name <b>SAN FRANCIS CLINIC CORP.</b>		

Principal Place of Business <b>1800 SW 1 ST SUITE 101 MIAMI, FL 33185</b>	Mailing Address <b>1800 SW 1 ST SUITE 101 MIAMI, FL 33185</b>
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2. Principal Place of Business <b>5200 SW 8 ST</b>	3. Mailing Address <b>5200 SW 8 ST</b>
Suite, Apt. #, etc. <b>206 B</b>	Suite, Apt. #, etc. <b>206 B</b>
City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables</b>
Zip <b>33134</b>	Country <b>US</b>

**FILED**  
**04 AUG 18 PM 12:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



08172004	Chg-P	CR2E034 (10/03)
4. FEI Number	<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>JIMENEZ, MARIA C 4241 SW 116 AVE MIAMI, FL 33165</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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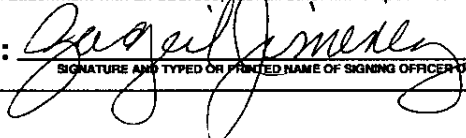
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, ZUEL 5200 SW 8 ST., STE. 116 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIMENEZ, ZUEL 5200 SW 8 ST. STE 206B CORAL GABLES 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUSTO de Jesus MOTA 5200 SW 8 ST STE 206B CORAL GABLES 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500040494615 08/25/04--01034--002 **158.75
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	
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.

<b>SIGNATURE:</b> 	<b>08/17/04</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>