

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015157

Entity Name: MAGESTIC MEDICAL CENTER, INC.

FILED  
Apr 22, 2004  
Secretary of State

**Current Principal Place of Business:**

840 EAST 14 STREET  
HIALEAH, FL 33010

**New Principal Place of Business:**

3818 WEST 16TH AVENUE  
HIALEAH, FL 33012

**Current Mailing Address:**

840 EAST 14 STREET  
HIALEAH, FL 33010

**New Mailing Address:**

3818 WEST 16TH AVENUE  
HIALEAH, FL 33012

FEI Number: 65-1170686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, REYNALDO  
840 EAST 14 STREET  
HIALEAH, FL 33010

**Name and Address of New Registered Agent:**

ALBA, RAUL  
3818 WEST 16TH AVENUE  
HIALEAH, FL 33012

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: RAUL ALBA

04/22/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PEREZ, REYNALDO  
Address: 840 EAST 14 STREET  
City-St-Zip: HIALEAH, FL 33010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ALBA, RAUL  
Address: 3818 WEST 16TH AVENUE  
City-St-Zip: HIALEAH, FL 33012

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 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: RAUL ALBA

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date