

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032013

FILED  
Aug 18, 2005  
Secretary of State

**Entity Name:** SOUTH BEACH MEDICAL INSTITUTE, INC

**Current Principal Place of Business:**

333 41ST STREET  
SUITE 310  
MIAMI BCH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

333 41ST STREET  
SUITE 310  
MIAMI BCH, FL 33140

**New Mailing Address:**

**FEI Number:** 04-3736793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HERNANDEZ, JOSEFA  
333 41ST STREET  
SUITE 310  
MIAMI BCH, FL 33410 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: HERNANDEZ, JOSEFA  
Address: 333 41ST STREET - SUITE 310  
City-St-Zip: MIAMI BCH, FL 33410

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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:** J. HERNANDEZ

PRES

08/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date