


## 07-07-2004 90002 050 \*\*\*150.00

<b>DOCUMENT # P03000032135</b>			
1. Entity Name DOCPTA MEDICAL CLINIC, INC.			
Principal Place of Business 1470 SW 73RD PLACE MIAMI, FL 33144 US		Mailing Address 1470 SW 73RD PLACE MIAMI, FL 33144 US	
2. Principal Place of Business 5870 SW 8 ST Suite, Apt. #, etc. #7 City & State Miami, FL Zip 33144 Country USA		3. Mailing Address 5870 SW 8 ST Suite, Apt. #, etc. #7 City & State Miami, FL Zip 33144 Country USA	
6. Name and Address of Current Registered Agent EDEA AND ASSOCIATES SERVICE GROUP, INC 4445 WEST 16TH AVENUE SUITE 502 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Pedro Medina Street Address (P.O. Box Number is Not Acceptable) 5870 SW 8 ST #7 City Miami FL Zip Code 33144	
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: [Signature] (NOTE: Registered Agent signature required when re-registering) DATE: 7/1/04			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP P MEDINA, PEDRO 1470 SW 73RD PLACE MIAMI, FL 33144 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 5870 SW 8 ST #7 Miami, FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TS, ECHIZARRAGA, CARMEN 1470 SW 73RD PLACE MIAMI, FL 33144 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 5870 SW 8 ST #7 Miami, FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP - - - - - <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP - - - - - <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP - - - - - <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP - - - - - <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP - - - - - <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP - - - - - <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: [Signature] DATE: 7/1/04 DAYTIME PHONE #			

Attachment  
66430255

DOCPTA Medical Clinic, Inc.  
5870 SW 8 Street # 7  
Miami, FL 33144

July 1, 2004

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
Tallahassee, FL 32314

REF: P03000032135

To Whom It May Concern:

I am writing this letter in response to your notice of intent to dissolve my corporation. Please note I never received my 2004 renewal due to the fact that my address had changed and the registered agent never gave it to me. Attached herewith please find an annual report with the address change and a check in the amount of \$150.00.

I hereby respectfully request that you please understand the above mentioned and accept my renewal for 2004. Please note this is the first time this happens. I thank you for your time and support in this matter. If any further information is needed please feel free to contact me at the above address.

Sincerely,



Pedro Medina