2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 20, 2004 8:00 am Secretary of State 07-07-2004 90002 050 ***150.00

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DOCPTA MEDICAL CLINIC, INC.							
Principal Place of	1 Puninger	Mailing Address	2000				
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2. Principal Place of Business 3. Mailing Address 5870 SW 8 ST 5870 S			8 ST		11 10 1111 OH OH OH OH OH		
Suite, Apt. #, etc. Suite, Apt. #, etc.			0	07012004	Cha-P C	R2E034 (10/03)	
City & State		City & State		4. FEI Numbe		· · · · · · · · · · · · · · · · · · ·	plied For
Miami FC		Miami FL			940148	 _	t Applicable
33) UL	1 Country 1 USA		ountry 1:5 4	5. Certificate	of Status Desired[\$8.75 Add	
35/0/	6. Name and Address of Current F	·		7. Name and	Address of New Regis		
EDEA AND ASSOCIATES SERVICE GROUPING PEdro Medina.							
4445 WEST	16TH AVENUE	, or all 0 2 3 2 2 2 2 2	Street Add	eet Address (P.O. Box Number is Not Accentable)			
SUITE 502 1 HIALEAH, FL 33012						·	
City , El 200							11.1
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 agents							
SIGNATURE Signatury Ayped or printed narrhan registered agent and side of apolicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE 18 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND I		11.	ADDITIONS/	CHANGES TO OFFICER		
	MEDINA, PEDRO		TITLE VAME		_	Change .	Addition
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	MIAMI, FL 33144		CITY-ST-ZIP	Miami, 1	FL 33744	∑ Change	Addition
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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 supplemented to the state 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 of 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 two empowered.							
SIGNATU	JRE:	HATTED HAME OF SICKING OFFICER OR OFF	AECTOR		1, by	Daytime Phone #	 -
				<u> </u>			

Affachment 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

PQ300<u>0032135</u>

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 nay further information is needed please feel free to contact me at the above address.

Sincerely,

Pedro Medina