

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033679

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: LIBERTY MEDICAL GROUP, INC.

## Current Principal Place of Business:

1800 S.W. 27 TH. AVENUE  
SUITE 503  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

1800 S.W. 27 TH. AVENUE  
SUITE 503  
MIAMI, FL 33135

## New Mailing Address:

FEI Number: 06-1683971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARTMAN, JOSE S  
1800 S.W. 27 TH. AVENUE  
SUITE 503  
MIAMI, FL 33135 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: P, D ( ) Delete  
Name: HARTMAN, JOSE S  
Address: 1800 S.W. 27TH. AVENUE, STE. 503  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: GONZALEZ, CRISTOBEL  
Address: 1800 S.W. 27 TH. AVENUE  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: GONZALEZ, CRISTOBAL  
Address: 1800 S.W. 27 TH. AVENUE, STE. 503  
City-St-Zip: MIAMI, FL 33135

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: CRISTOBAL GONZALEZ

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date