2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State
08-03-2004 90002 041 ***150.00

DOCUMENT # P03000038212

1. Entity Name
CRYSTAL MEDICAL CENTER, INC.

66432473

Principal Place of Business	Mailing Address
8051 W. 24 AVE. #10 HIALEAH, FL 33016	8051 W. 24 AVE. #10 HIALEAH, FL 33016

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07202004 Chg-P CR2E034 (10/03)

4. FEI Number 61-1449348 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMON, JUAN G 14300 SW 161 PL. MIAMI, FL 33196	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 SIMON, JUAN G 14300 SW 161PL. MIAMI, FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Juan G Simon (signature) 7/20/04 786-621-5931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

66432473
#P03000038212

GENTLEMEN:

PLEASE ACCEPT OUR CHECK FOR THE FEE OF $150.00 FOR THE 2004 ANNUAL REPORT FOR CRYSTAL MEDICAL CENTER, INC SINCE WE DID NOT RECEIVED THE ORIGINAL NOTIFICATION AND WE DID NOT KNOW THAT YOU CHANGED THE WAY THE REPORT HAD TO BE FILED THIS YEAR.

WE ASSUARE YOU THAT IT WILL NOT HAPPEN AGAIN.

RESPECTFULLY YOURS.

Juan C Sierra
PRESIDENT