# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 23, 2004 8:00 am**
**Secretary of State**

08-03-2004 90002 041 ***150.00

66432473

07202004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000038212

1. Entity Name
CRYSTAL MEDICAL CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8051 W. 24 AVE.<br>#10<br>HIALEAH, FL 33016 | 8051 W. 24 AVE.<br>#10<br>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 |

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<br>14300 SW 161 PL.<br>MIAMI, FL 33196 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SIMON, JUAN G<br>14300 SW 161PL.<br>MIAMI, FL 33196 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7/20/04 — Daytime Phone # 786-621-5931

Attachment

66432473
#P03000038212

GENTELMEN:

PLEASE ACCEPT OUR CHECK FOR THE FEE OF $170.00 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 ASSURE YOU THAT IT WILL NOT HAPPEN AGAIN.

RESPECTFULLY YOURS.

PRESIDENT