


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90410 039 ***150.00

DOCUMENT # P03000042680	
1. Entity Name PRIMERO LA SALUD CORP.	

Principal Place of Business 15476 NW 77TH CT STE 511 MIAMI LAKES FL 33016	Mailing Address 15476 NW 77TH CT STE 511 MIAMI LAKES FL 33016
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J9010010



MOORE CR2E034 (11/03)

2. Principal Place of Business 42 N.W 27 AVE Suite, Apt. #, etc. Suite 307 B City & State Miami FLA Zip 33125 Country U.S.A	3. Mailing Address 42 N.W 27 AVE Suite, Apt. #, etc. Suite 307 B City & State Miami FLA Zip 33125 Country U.S.A
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4. FEI Number 57-1162114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTERA, P.A. 1840 SW 22 ST 4TH FL MIAMI FL 33145

7. Name and Address of New Registered Agent Name JESSICA MAYER Street Address (P.O. Box Number is Not Accepted) 2412 S.W 17 Street City Miami FLA FL Zip Code 33145

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORFI, EUGENIO <input type="checkbox"/> Delete 15476 NW 77TH CT STE 511 MIAMI LAKES FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYER, HORACIO <input type="checkbox"/> Delete 15476 NW 77TH CT STE 511 MIAMI LAKES FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAYER, JESSICA <input type="checkbox"/> Delete 15476 NW 77TH CT STE 511 MIAMI LAKES FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #