

2004 FOR PROFIT CORPORATION ANNUAL REPORT

102

DOCUMENT # P03000047400	
1. Entity Name KALICH MEDICAL CENTER CORP.	



FILED

04 AUG -2 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



07302004 Chg-P CR2E034 (10/03)

Principal Place of Business 12963 WEST OCKEECHOBEE ROAD BAY 3 HIALEAH GARDENS, FL 33018	Mailing Address 12963 WEST OCKEECHOBEE ROAD BAY 3 HIALEAH GARDENS, FL 33018
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2. Principal Place of Business 875 E 10 AVE Suite, Apt. #, etc.	3. Mailing Address 875 E 10 AVE Suite, Apt. #, etc.
City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33010	Country

4. FEI Number 03-0517050	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORALES, DOUGLAS 12963 WEST OCKEECHOBEE ROAD BAY 3 HIALEAH GARDENS, FL 33018	
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7. Name and Address of New Registered Agent Name DIANA KALICH Street Address (P.O. Box Number is Not Acceptable) 965 W 29 ST #10 City HIALEAH FL Zip Code 33012	
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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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: 7/30/04	
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, DOUGLAS 7420 W. 20TH AVENUE #243 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P.D. PEREZ, ALBERTO 66 WEST 9TH STREET #4 HIALEAH, FL 33010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIANA KALICH 965 W 29 ST #10 HIALEAH, FL 33012 <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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500040047895 08/10/04--01065--002 **150.00
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

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: <i>[Signature]</i> DATE: 7/30/04 DAYTIME PHONE #	
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2052

KALICH MEDICAL CENTER CORP.
875 E 10 AVE
HIALEAH, FL 33010

Friday, July 30, 2004

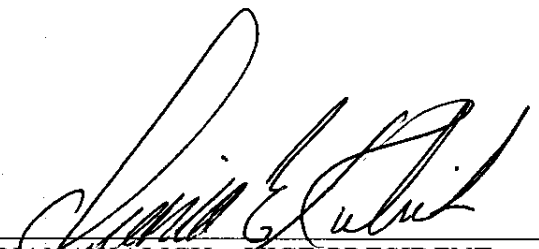
DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 1500
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P03000047400

We are filing to pay the annual report for our FOR-profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00 covering the 2004 filing. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.



DIANA KALICH - VICE-PRESIDENT