

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000051338

1. Entity Name

A+ MEDICAL CENTER, INC.



Principal Place of Business

4301 NORTH FEDERAL HIGHWAY
SUITE 4
POMPANO BEACH, FL 33064

Mailing Address

4301 NORTH FEDERAL HIGHWAY
SUITE 4
POMPANO BEACH, FL 33064



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2668778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOOMGARDEN, PAUL M
PINE ISLAND COMMONS #208
8551 WEST SUNRISE BLVD.
FORT LAUDERDALE, FL 33322

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000211287

02/02/05-80111-000 150.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME BELINE, RONALD M
STREET ADDRESS 1669 S.E. 7 STREET
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE D
NAME MORENO, VICTORIA
STREET ADDRESS 3080 N.E. 12 AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 28-2005

Date

Daytime Phone #

954-785-3393

CK. # 1503