
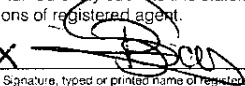



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90057 016 \*\*\*150.00

<b>DOCUMENT # P03000054243</b> 1. Entity Name <b>THIRTY SIX MEDICAL CENTER CORP.</b>																																					
Principal Place of Business <b>4471 NW 36 ST #240 MIAMI SPRINGS, FL 33166</b>			Mailing Address <b>4471 NW 36 ST #240 MIAMI SPRINGS, FL 33166</b>																																		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																																			
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">54-2110564</div>				Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03172004    Chg-P    CR2E034 (10/03)																																	
6. Name and Address of Current Registered Agent  <b>CAPOTE, JOSE F 10921 SW 180 ST MIAMI, FL 33157</b>			7. Name and Address of New Registered Agent Name <b>Barbara Sanchez</b> Street Address (P.O. Box Number is Not Acceptable) <b>2871 W 76 ST APT 202</b> City <b>Hialeah Gardens</b> <b>FL</b> Zip Code <b>33018</b>																																		
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 <b>X</b>  (NOTE: Registered Agent signature required when reinstating)    DATE																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;">           PD  <b>CAPOTE, JOSE F 10921 SW 180 ST MIAMI, FL 33157</b> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CAPOTE, JOSE F 10921 SW 180 ST MIAMI, FL 33157</b> <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;">           PD  <b>Barbara Sanchez 2871 W 76 ST APT 202 Hialeah Gardens FL 33018</b> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Barbara Sanchez 2871 W 76 ST APT 202 Hialeah Gardens FL 33018</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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.																																					
<b>SIGNATURE: X</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #																																					