


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-05-2004 90012 029 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P03000056008</b>                   |  |  |
| 1. Entity Name<br>SB HEALTHCARE MANAGEMENT, INC. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>8861 SW 142ND AVENUE #25<br>MIAMI, FL 33186 | Mailing Address<br>8861 SW 142ND AVENUE #25<br>MIAMI, FL 33186 |
|--|--|

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|                                |         |  |         |
|--------------------------------|---------|--|---------|
| 2. Principal Place of Business |         | 3. Mailing Address<br>P.O. BOX 96-0267 |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                    |         |
| City & State<br>MIAMI, FL      |         | City & State<br>MIAMI, FL              |         |
| Zip<br>33296                   | Country | Zip<br>33296-0267                      | Country |



01122004 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>010784319   |  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required   |
| 6. Name and Address of Current Registered Agent<br>SILVERIO-BENET, PAUL G<br>8861 SW 142ND AVENUE #25<br>MIAMI, FL 33186 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SILVERIO-BENET, PAUL G<br>8861 SW 142ND AVENUE #25<br>MIAMI, FL 33186 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 or other like empowered.

SIGNATURE: Paul G. Silverio-Benet 13/JAN/2004 305-742-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAUL G. SILVERIO-BENET