

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90298 013 \*\*\*150.00

**DOCUMENT # P03000056883**

1. Entity Name  
**HEALTHCARE MANAGEMENT EXPERTS, INC.**



Principal Place of Business  
**900 SW 12 ST STE 102  
FT LAUDERDALE, FL 33315**

Mailing Address  
**900 SW 12 ST STE 102  
FT LAUDERDALE, FL 33315**

**94049038**



2. Principal Place of Business  
**17611 Tiffany Trace Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**17611 Tiffany Trace Dr.**  
Suite, Apt. #, etc.

02232004 Chg-P CR2E034 (10/03)

City & State  
**Boca Raton, FL**  
Zip  
**33487** Country  
**USA**

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**Boca Raton, FL**  
Zip  
**33487** Country  
**USA**

4. FEI Number  
**73-1669833** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FUENTES, JOSE A  
900 SW 12 ST STE 102  
FT LAUDERDALE, FL 33315**

7. Name and Address of New Registered Agent

Name  
**DI M. Kahn**  
Street Address (P.O. Box Number is Not Acceptable)  
**17611 Tiffany Trace Dr.**  
City  
**Boca Raton** FL Zip Code  
**33487**

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 *Di M. Kahn* DATE *Feb. 23, 2004*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KAHN, DI M	
STREET ADDRESS	17611 TIFFANY TRACE	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUENTES, JOSE A	
STREET ADDRESS	900 SW 12 ST APT 102	
CITY-ST-ZIP	FT LAUDERDALE, FL 33315	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VELAZQUEZ, EDGAR N	
STREET ADDRESS	2881 NE 32 ST APT 316	
CITY-ST-ZIP	FT LAUDERDALE, FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Di M. Kahn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/23/04*  
Date

Daytime Phone #