

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057134

FILED
Apr 23, 2004
Secretary of State

Entity Name: MIAMI HEALTH & LIFE MEDICAL MANAGEMENT CORP.

Current Principal Place of Business:

11517 SW 64 STREET
UNIT G
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

11517 SW 64 STREET
UNIT G
MIAMI, FL 33173

New Mailing Address:

FEI Number: 41-2097005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, ROLANDO
11517 SW 64 STREET
UNIT G
MIAMI, FL 33173

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, ROLANDO
Address: 11517 SW 64 STREET #G
City-St-Zip: MIAMI, FL 33173

Title: VD () Delete
Name: AGUDO, FELIX J
Address: 11517 SW 64 STREET #G
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLANDO MARTINEZ

PD

04/23/2004

Electronic Signature of Signing Officer or Director

Date