

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1072 5/3/04 90702 027 *150.00

FILED

04 JUL 23 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07222004 Chg-P CR2E034 (10/03) MRS

4. FEI Number 36-4534982 Applied For Not Applicable

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

DOCUMENT # P03000073582
1. Entity Name
SUPERB MEDICAL CENTER, CORP



Principal Place of Business
45 W 56 ST
HIALEAH, FL 33012

Mailing Address
45 W 56 ST
HIALEAH, FL 33012

2. Principal Place of Business
7331 W Flagler St
Suite, Apt. #, etc.
Miami FL

3. Mailing Address
7331 W Flagler St
Suite, Apt. #, etc.
Miami FL

City & State
Miami FL

City & State
Miami FL

Zip 33144 Country USA

Zip 33144 Country USA

6. Name and Address of Current Registered Agent
ANZARDO, NELSON
7331 WEST FLAGLER ST.
MIAMI, FL 33144

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____
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 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANZARDO, NELSON 7331 WEST FLAGLER ST. MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

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