


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90004 038 ***150.00

DOCUMENT # P03000075454		
1. Entity Name ALL MEDICAL OF MIAMI, INC.		

Principal Place of Business 18162 SW 146 COURT MIAMI, FL 33177	Mailing Address 18162 SW 146 COURT MIAMI, FL 33177
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54055113

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05062004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2376480	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DOMINGUEZ, JULIO R 18162 SW 146 COURT MIAMI, FL 33177	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGUEZ, JULIO R 18162 SW 146 COURT MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE:  **05/15/04** **(305) 903-1223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 10, 2003

JULIO RAFAEL DOMINGUEZ
18162 SW 146 COURT
MIAMI, FL 33177

The Articles of Incorporation for ALL MEDICAL OF MIAMI, INC. were filed on July 2, 2003 and assigned document number P03000075454. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.

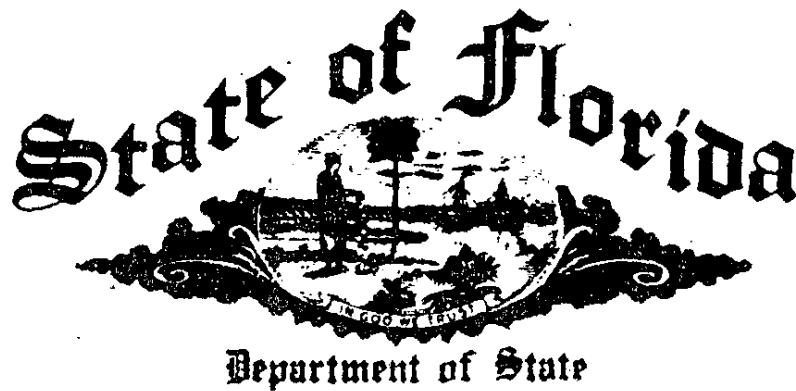
SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT/UNIFORM BUSINESS REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Claretha Golden, Document Specialist
New Filings Section

Letter Number: 503A00040827

54055713



I certify the attached is a true and correct copy of the Articles of Incorporation of ALL MEDICAL OF MIAMI, INC., a Florida corporation, filed on July 2, 2003, as shown by the records of this office.

The document number of this corporation is P03000075454.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Tenth day of July, 2003



CR2EO22 (2-03)

Glenda E. Hood
Glenda E. Hood
Secretary of State

574055713

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **ALL MEDICAL OF MIAMI, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **18162 SW. 146 Ct
Miami, FL. 33177**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL
BUSINESS.**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): **Julio Rafael Dominguez
18162 SW. 146 Ct
Miami, FL. 33177
President**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: **Julio Rafael Dominguez
18162 SW 146 Ct.
Miami, FL. 33177**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **Julio Rafael Dominguez
18162 SW. 146 Ct.
Miami, FL. 33177**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

7/1/03

Date

7/1/03

Date

2003 JUL -2 AM 10:10
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

Dear Mrs. Roberts, this letter is in regards to your letter dated May 6, 2004 stating that no document was found for my corporation All Medical of Miami, Inc., enclosed is the 2004 Completed Annual Report form which you mailed me and a copy of my original articles of incorporation. Also enclosed is my check for \$ 150 dollars for the AR report filing fee. As you can see my payment was sent out on 4/30/04 and hope that I will not be penalized for re-sending this payment. If you may have any additional questions regarding this matter you may contact me at the number indicated ~~above~~ below. I hope that this matter may be resolved in a timely manner.

Respectfully,
Julio R. Dominguez
18163 SW 146 Court
Miami, FL 33177
(305) 903-1223

P.S. I am also enclosing a copy of the letter that you mailed me letter number 104A00030979



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 6, 2004

ALL MEDICAL OF MIAMI, INC.
1421 S W 8TH ST STE 203
MIAMI, FL 33135

SUBJECT: ALL MEDICAL OF MIAMI, INC.
Ref. Number: P03000075454

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 104A00030979