

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1/29/2004-90080-009-\$150.00-\$150.00

FILED

04 FEB 13 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

**DOCUMENT # P03000077071**

1. Entity Name  
**O & M MEDICAL AND DIAGNOSTIC CENTER, INC.**



Principal Place of Business  
**1300 SW 10TH STREET  
MIAMI FL 33135**

Mailing Address  
**1300 SW 10TH STREET  
MIAMI FL 33135**

2. Principal Place of Business  
**2742 SW 8 ST  
Suite, Apt. #, etc.  
STE 206**

3. Mailing Address  
**2742 SW 8 ST STE 206  
Suite, Apt. #, etc.  
206**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33135**

Country  
**Florida**

Zip  
**33135**

Country  
**Florida**

4. FEI Number  
**542117778**

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

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent  
**MACEIRA, OMAR  
1300 SW 10TH STREET  
MIAMI FL 33135**

7. Name and Address of New Registered Agent  
Name  
**OMAR MACEIRA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1300 SW 10 ST**  
City  
**MIAMI** FL Zip Code  
**33135**

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 **OMAR MACEIRA** DATE **1/22/04**

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACEIRA, OMAR 1300 SW 10TH STREET MIAMI FL 33135 <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	PD OMAR MACEIRA 2742 SW 8 ST STE 206 MIAMI FL 33135 <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
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
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
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: **OMAR MACEIRA** DATE **1/22/04** 305 541 2199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR