2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 21, 2004 8:00 am Secretary of State 09-01-2004 90004 024 ***150.00

DOCUMENT # P03000089213 1. Entity Name METROPOLITAN HEALTH SERVICES, INC.							09-01-200-	4 90004 02	4 ***1	50.00
Principal Place 330 SW 27 A MIAMI, FL 33	VE STE 500		Mailing Address 330 SW 27 AVE STE 506 MIAMI, FL 33135			66433926				
2. Principal Pl	ace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08262004	Chg-P	CR2E034 (1	0/03)	
City & State			City & State			4. FEI Numb		D		lied For Applicable
Zip	11" :	Country	Zip Count		try	5. Certificate	of Status Desired		5 Additi equired	onal
	6. Name	and Address of Gurrent	Registered Agent		7. Name and Address of New Registered Agent Name					
VIZCAINO, MERCEDES 330 SW 27 AVE STE 506 MIAMI, FL 33135					Streat Address (P.O. Box Number is Not Acceptable)					
	.i. 				City			FL z	p 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 # applicable. (NOTE: Registered Agent stynature required when reinstating)										
FILE NOWIII FEE IS \$150.00 8. Election Campaign Financing \$5.00 May Be Due by September 8, 2004 1. Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice.										
10 OFFICERS AND DIRECTORS										
THILE NAME						· · ·		· · · · · · · · · · · · · · · · · · ·	hange	Addition
STREET ADDRESS 330 SW 27 AVE STE 506 CITY-ST-ZIP MIAMI, FL 33135				ET ADORESS -St-ZIP						
TILLE	VD	D14/14	☐ Delete	TITL					hange	☐ Addition
NAME STREET ADDRESS	REY, FERMIN S 330 SW 27 AVE STE 506				ie Eet address					Ţ
CITY-ST-ZIP	MIAMI, F	L 33135		'-ST-ZIP						
TITLE NAME	j.		☐ Delate	TITLI NAM					hange	Addition
STHEET ADDRESS CITY-ST-2P			•		EET ADORESS '-ST-ZIP					
TITLE		 	☐ Delete	TITL					change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					EET ADORESS - ST-ZIP					
TOLE	-		☐ Delete	m	i				hange	☐ Addition
NAME STREET ADDRESS	7			NAM Stri	ME EET ADDRESS					
CITY-ST-ZIP				СПУ	'-ST-ZIP					
TITLE NAME	1 : 5		Detete `	TITL NAM	1		_		:hange	☐ Addition
STREET ADDRESS		- MATEL 11 UT - FOEL 12		STR	EET ADORESS					
CITY-ST-2ff	cortifu that "		this filling does not wrote to		-ST-ZIP	Ortion 140 07/01	(i) Florido Statuto 1	fujishar carita ::	-1 1b- 1-4	f , t
indicated	cermy that to conthis repr poration or	ort or supplemental report is the receiver of trustee exten	s true and accurate and that in owered to execute this report	my signa my signa	ture shall have the ired by Chapter 60	same legal effe 7, Florida Statut	it), riorida Statutes. I ict as if made under c es; and that my name	contret centry the eath; that I am an appears in Bloc	aume m officer o k 10 or i	ormasion ir director Block 11 if
12. It hereby certify that the information supplied with this filling 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 of triptee expowered 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 withlan address, with all other like empowered.										
SIGNATURE: SIGNATURE OF SIGNATU										