

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106013

Entity Name: LRM MEDICAL CENTER INC

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

1890 SW 8 ST
STE 401
MIAMI, FL 33184

New Principal Place of Business:

11890 SW 8 ST
404
MIAMI, FL 33184

Current Mailing Address:

1890 SW 8 ST
STE 401
MIAMI, FL 33184

New Mailing Address:

11890 SW 8 ST
404
MIAMI, FL 33184

FEI Number: 51-0485674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, LAZARO
10390 SW 27 ST
MIAMI, FL 33165 US

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: P () Delete
Name: MARINEZ, LAZARO
Address: 10390 SW 27 ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINEZ, LAZARO
Address: 10390 SW 27 ST
City-St-Zip: MIAMI, FL 33165

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: LAZARO MARTINEZ

P

04/22/2004

Electronic Signature of Signing Officer or Director

_____ Date