

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-09-2004 90013 008 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000114450

1. Entity Name
REFLEXION MEDICAL CENTER, INC.



Principal Place of Business
1250 S.W. 27 AVE., STE. #306
MIAMI, FL 33169

Mailing Address
1250 S.W. 27 AVE., STE. #306
MIAMI, FL 33169

66434288



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

56-2407371

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, GUILLERMO
4011 W. FLAGLER ST., STE. #403
MIAMI, FL 33134

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

TITLE PD
NAME ALFONSO, MAYRA ROSA
STREET ADDRESS 1012 NW 31 AVENUE
CITY- ST- ZIP MIAMI, FL 33125

☐ Delete

TITLE VPD
NAME MARTINEZ, IRAIDA
STREET ADDRESS 1324 SW 143RD AVE
CITY- ST- ZIP MIAMI, FL 33184

☐ Delete

TITLE TD
NAME MARTINEZ, AGUSTIN
STREET ADDRESS 1324 SW 143RD AVE
CITY- ST- ZIP MIAMI, FL 33184

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

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CITY- ST- ZIP

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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-02-04

Date

Daytime Phone #