

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90092 020 ***150.00

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

50011231



2. Principal Place of Business
1250 S.W. 27 AVE

3. Mailing Address
1250 SW 27 AVE

Suite, Apt. #, etc.
STE # 306

Suite, Apt. #, etc.
STE # 306

01212005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
56-2407371

Applied For
Not Applicable

Zip
33135

Country

Zip
33135

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 **CARLOS HERRERA**
Street Address (P.O. Box Number is Not Acceptable)
3609 SW 16 TR.
City **MIAMI** FL Zip Code **33145**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HERRERA, CARLOS
STREET ADDRESS 1012 NW 31 AVENUE
CITY-ST-ZIP MIAMI, FL 33125

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition
NAME HERRERA, CARLOS
STREET ADDRESS 3609 SW 16 TR
CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31/05