

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125520

FILED
Apr 30, 2004
Secretary of State

Entity Name: FLORIDA MEDICAL CENTER & ASSOCIATES, CORP.

Current Principal Place of Business:

10855 SW 72 STREET
SUITE #7
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10855 SW 72 STREET
SUITE #7
MIAMI, FL 33173

New Mailing Address:

FEI Number: 68-0572335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTEGA, CLAUDIA
4199 SW 142ND AVE
MIAMI, FL 33175 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: PD () Delete
Name: ORTEGA, CLAUDIA
Address: 4199 SW 142ND AVE
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: ORTEGA, ASHLEY
Address: 10855 SW 72 ST., SUITE #7
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLAUDIA ORTEGA

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date