

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125520

**FILED**  
**Jun 30, 2005**  
**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:**

7913 NW 2 STREET  
MIAMI, FL 33126

**Current Mailing Address:**

10855 SW 72 STREET  
SUITE #7  
MIAMI, FL 33173

**New Mailing Address:**

7913 NW 2 STREET  
MIAMI, FL 33126

**FEI Number:** 68-0572335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ORTEGA, CLAUDIA  
4199 SW 142ND AVE  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

ORTEGA, CLAUDIA  
7913 NW 2 STREET  
MIAMI, FL 33126 US

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: CLAUDIA ORTEGA

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: ORTEGA, CLAUDIA  
Address: 7913 NW 2 STREET  
City-St-Zip: MIAMI, FL 33126

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

PVST

06/30/2005

Electronic Signature of Signing Officer or Director

Date