

2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/12

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-12-2004 90021 002 ***150.00

DOCUMENT # P03000130419					
1. Entity Name AMERICAN MEDICAL CENTER OF MIAMI, INC.					
Principal Place of Business 1490 WEST 49 PLACE, STE. 208 HIALEAH, FL 33012			Mailing Address 1490 WEST 49 PLACE, STE. 208 HIALEAH, FL 33012		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 77-0616-774				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPSON, EDUARDO J 2447 NW 118 TERR. CORAL SPRINGS, FL 33065			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SIMPSON, EDUARDO J		NAME		
STREET ADDRESS	2447 NW 118 TERR.		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CASO, CLARA M		NAME		
STREET ADDRESS	17600 SW 59 CT.		STREET ADDRESS		
CITY-ST-ZIP	SW RANCHES, FL 33331		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Clara Caso</i>			Date: 07-01-04 (305) 827-1703		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		