



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90224 029 ***150.00

DOCUMENT # P03000131576 1. Entity Name SOUTH FLORIDA MANAGED CARE ASSOCIATES, INC.					
Principal Place of Business 999 PONCE DE LEON BLVD. PH 1120 CORAL GABLES, FL 33134			Mailing Address 999 PONCE DE LEON BLVD. PH 1120 CORAL GABLES, FL 33134		
2. Principal Place of Business 8388 SW 40 STREET Suite, Apt. #, etc.		3. Mailing Address 8388 S.W. 40 STREET Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-04 00495	
Zip 33165		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELIZ, ANA M ESQ. 999 PONCE DE LEON BLVD. PH 1120 CORAL GABLES, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELIZ, ANA M 999 PONCE DE LEON BLVD. PH 1120 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.D DE LAMAR, LUIS 3908 Ponce de Leon Blvd. CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP.S.D SANZ, ELIZABETH 691 SW 123 CT MIAMI, FL 33184	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/04 (786) 210-6027 <small>Date Daytime Phone #</small>		