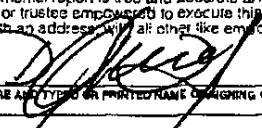


2004 FOR PROFIT CORPORATION ANNUAL REPORT

51.

FILED
May 24, 2004 8:00 am
Secretary of State

05-03-2004 90406 038 ***150.00

DOCUMENT # P03000137739					
1. Entity Name PHOENIX MEDICAL GROUP, INC					
Principal Place of Business 330 SW 27 AVE STE 601 MIAMI, FL 33135			Mailing Address 330 SW 27 AVE STE 601 MIAMI, FL 33135		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 651118095	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
8. Name and Address of Current Registered Agent SUAREZ, JOSE C 330 SW 27 AVE STE 601 MIAMI, FL 33135				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SUAREZ, JOSE C		NAME		
STREET ADDRESS	330 SW 27 AVE STE 601		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33135		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SUAREZ, REINALDO		NAME		
STREET ADDRESS	221 MAJORCA # 401		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES, FL 33134		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 19.07(3)(b), 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: 			JOSE P. SUAREZ 04/28/04		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR			Date		

66423576



04242004 Chg-P CR2E034 (10/03)

FL

Zip Code

305 6432283