


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 17, 2004 8:00 am
Secretary of State

5/2

05-24-2004 90012 030 ***100.00
06-17-2004 90002 041 ****58.75

DOCUMENT # P03000137793	
1. Entity Name GALAFRE MEDICAL GROUP, CO	

Principal Place of Business 8100 WEST FLAGLER STREET SUITE 101 MIAMI FL 33144	Mailing Address 8100 WEST FLAGLER STREET SUITE 101 MIAMI FL 33144
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2. Principal Place of Business		3. Mailing Address	
• Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent FLORES, BEIDA 8100 WEST FLAGLER STREET SUITE 101 MIAMI FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$350.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	P FLORES, BEIDA 8100 WEST FLAGLER STREET SUITE 101 MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Juan Flores* *Preciado* 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #