

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142905

FILED  
Feb 09, 2004  
Secretary of State

Entity Name: GOOD WILL MEDICAL CENTER INC.

## Current Principal Place of Business:

7392 NW 35 TERR, STE 210  
MIAMI, FL 33122

## New Principal Place of Business:

7392 NW 35 TERR  
STE 210  
MIAMI, FL 33122

## Current Mailing Address:

7392 NW 35 TERR, STE 210  
MIAMI, FL 33122

## New Mailing Address:

7392 NW 35 TERR  
SUITE 210  
MIAMI, FL 33122

FEI Number: 81-0639505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MARTINEZ, YONIXANDED  
7392 NW 35 TERR, STE 210  
MIAMI, FL 33122

## Name and Address of New Registered Agent:

MARTINEZ, YONIXANDED  
7392 NW 35 TERR  
SUITE 210  
MIAMI, FL 33122

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: \_\_\_\_\_

02/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARTINEZ, YONIXANDED  
Address: 7392 NW 35 TERR, STE 210  
City-St-Zip: MIAMI, FL 33122

Title: VD ( ) Delete  
Name: HERRERA, AMPARO A  
Address: 7392 NW 35 TERR, STE 210  
City-St-Zip: MIAMI, FL 33122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: YONIXANDED MARTINEZ

PD

02/09/2004

Electronic Signature of Signing Officer or Director

Date