2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143773

Entity Name: HUMANITY HEALTH MEDICAL CENTER INC.

FILED Apr 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7113 WEST FLAGLER ST 7117 WEST FLAGLER ST MIAMI, FL 33144

MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

7113 WEST FLAGLER ST 7117 WEST FLAGLER ST

MIAMI, FL 33144 MIAMI, FL 33144

FEI Number: 54-2136674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, EDEL RODRIGUEZ, PEDRO L 1001 SW 42 AVE #1 7510 SW 19 TERR MIAMI, FL 33134 MIAMI, FL 33155

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: PEDRO RODRIGUEZ 04/07/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition RODRIGUEZ, PEDRO L RODRIGUEZ, PEDRO L Name: Name: 7113 WEST FLAGLER ST. 7510 SW 19 TERR Address: Address:

City-St-Zip: MIAMI, FL 33134 City-St-Zip: MIAMI, FL 33155

Title: Title: () Delete (X) Change () Addition HERNANDEZ, CARLOS E HERNANDEZ, CARLOS E Name: Name:

10805 SW 134 PL 7113 WEST FLAGLER ST. Address: Address: MIAMI, FL 33134 MIAMI, FL 33186 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

CABRERA, ELADIO E Name: CABRERA, ELADIO E Name: 7113 WEST FLAGLER ST. 7510 SW 19 TERR Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: MIAMI, FL 33155

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: ELADIO CABRERA 04/07/2004 D