

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143773

FILED  
Jan 13, 2005  
Secretary of State

**Entity Name:** HUMANITY HEALTH MEDICAL CENTER INC.

**Current Principal Place of Business:**

7117 WEST FLAGLER ST  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7117 WEST FLAGLER ST  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 54-2136674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, PEDRO L  
7510 SW 19 TERR  
MIAMI, FL 33155 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RODRIGUEZ, PEDRO L  
Address: 7510 SW 19 TERR  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: HERNANDEZ, CARLOS E  
Address: 10805 SW 134 PL  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: CABRERA, ELADIO E  
Address: 7510 SW 19 TERR  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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:** PEDRO RODRIGUEZ

PD

01/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date