

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147577

FILED
Aug 12, 2004
Secretary of State

Entity Name: WEST MEDICAL CENTER GROUP, INC.

Current Principal Place of Business:

439-441 SW 8 ST
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

439-441 SW 8 ST
MIAMI, FL 33130

New Mailing Address:

FEI Number: 20-0470307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUJILLO, MANUEL A
439-441 SW 8 ST
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

FERNANDEZ SUAREZ, ALEXANDER
439-441 SW 8 ST
MIAMI, FL 33130 US

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: ALEXANDER FERNANDEZ SUAREZ

08/12/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRUJILLO, MANUEL A
Address: 439-441 SW 8 ST
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: FERNANDEZ SUAREZ, ALEXANDER
Address: 439-441 SW 8 ST
City-St-Zip: MIAMI, FL 33130

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: ALEXANDER FERNANDEZ SUAREZ

PDS

08/12/2004

Electronic Signature of Signing Officer or Director

Date