2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# P03000157026

Entity Name: JACKSON TRAUMA MEDICAL CENTER, INC.

Current Principal Place of Business:

6095 NW 72ND AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6095 NW 72ND AVENUE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-0562348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARCELO, JHON A
8635 NW 8TH STREET
APT # 415
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

BARCELO, DIXAN E
6095 NW 72ND AVENUE
MIAMI, FL 33166 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: DIXAN E. BARCELO 02/17/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BARCELO, JHON A
Address: 8635 NW 8TH STREET APT # 415
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BARCELO, DIXAN E
Address: 6095 NW 72ND AVENUE
City-St-Zip: MIAMI, FL 33166

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: DIXAN E. BARCELO P 02/17/2004
Electronic Signature of Signing Officer or Director Date