2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State
07-21-2005 90029 040 ***158.75

DOCUMENT # P04000007379

1. Entity Name
EAGLE MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
9600 SW 8TH ST STE 17-A MIAMI, FL 33174	9600 SW 8TH ST STE 17-A MIAMI, FL 33174

50056661

2. Principal Place of Business	3. Mailing Address
9600 Sw 8th Street	9600 Sw 8th Street
Suite, Apt. #, etc. Ste #9	Suite, Apt. #, etc. Ste #9
City & State Miami, FL	City & State Miami, FL
Zip 33174 Country USA	Zip 33174 Country USA.

07012005 Chg-P CR2E034 (10/03)

4. FEI Number 200553484. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORTEGIA, CARLOS
7835 W. 30 CT.
HIALEAH, FL 33016-4410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE________________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ORTEGIA, CARLOS		NAME	
STREET ADDRESS	7835 W. 30 COURT		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Ortega 7/1/05 305-551-6962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #