

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 9600 SW 8TH ST STE 17-A MIAMI, FL 33174		Mailing Address 9600 SW 8TH ST STE 17-A MIAMI, FL 33174

50056661

2. Principal Place of Business 9600 SW 8th Street		3. Mailing Address 9600 SW 8th Street		07012005 Chg-P CR2E034 (10/03)	☐ Applied For ☒ Not Applicable
Suite, Apt. #, etc. Ste #9		Suite, Apt. #, etc. Ste #9			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 200553484	
Zip 33174	Country USA	Zip 33174	Country USA	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

8. 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

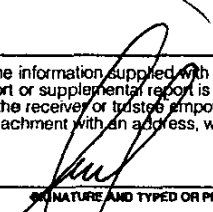
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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 #