

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90034 004 ***150.00

DOCUMENT # P04000008462	
1. Entity Name	
FIRST MEDICAL CENTER INC	

DO NOT WRITE IN THIS SPACE

20061647

2. Principal Place of Business 15495 EAGLE NEST LN, STE 230		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI LAKES, FL		City & State	
Zip 33014	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 61-1464422		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name RICHARD RIVAS		
	Street Address (P.O. Box Number is Not Acceptable) 8466 NW 201 TR		
City MIAMI		FL	Zip Code 33015

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  **RIVAS, RICHARD** **6/30/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE P	NAME RIVAS, RICARDO	TITLE	
STREET ADDRESS 8466 NW 201 TR	CITY-ST-ZIP MIAMI, FL 33015	STREET ADDRESS	
TITLE VP	NAME RIVAS, RICHARD	TITLE	
STREET ADDRESS 8466 NW 201 TR	CITY-ST-ZIP MIAMI, FL 33015	STREET ADDRESS	
TITLE S	NAME CARRILLO, PEDRO L	TITLE	
STREET ADDRESS 1439 W 49 PL	CITY-ST-ZIP HIALEAH, FL 33012	STREET ADDRESS	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **RIVAS, RICARDO, PRESIDENT** **6/30/2005** **(305) 821-2182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
First Medical Center
15495 Eagle Nest Lane, Suite 230
Miami Lakes, FL 33015

20661647

June 30, 2005

Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Ref: P04000008462

Enclosed please find the 2005 Annual Report, along with the payment of \$150.00

We wish to request a waiver of the late fee, because we have not received any notice in this regard.

Thanking you in advance we remain.

Sincerely,



Ricardo Rivas
President