

# ANNUAL REPORT

FILED


05 NOV 18 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

102

05

DOCUMENT # P04000010226					
1. Entity Name A P C MEDICAL CENTER INC					
Principal Place of Business 4315 NW 7 STREET 38-39 MIAMI, FL 33126 US			Mailing Address 4315 NW 7 STREET 38-39 MIAMI, FL 33126 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PUJOL, ADOLFO 4315 NW 7 STREET 38-39 MIAMI, FL 33126				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUJOL, ADOLFO		NAME		
STREET ADDRESS	75 W. 30 STREET APT 5		STREET ADDRESS		
CITY - ST - ZIP	HIALEAH, FL 33012		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUZ, JORGE L		NAME		
STREET ADDRESS	4315 NW 7 STREET - SUITE 38-39		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33126		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/05 (305) 219-9090

Date Daytime Phone #

2 yr

A P C MEDICAL CENTER INC  
4315 NW 7 STREET  
38-39  
MIAMI, FL 33126

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT ON APRIL 2005 I SUBMITTED THE ANNUAL REPORT  
FORM ALONG WITH THE PAYMENT OF \$150.00 AND I NEVER RECEIVED A  
REJECTED LETTER FROM YOUR OFFICE.

RECEIVED  
05 NOV 18 AM 10:30  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, I AM ENCLOSING A COMPLETE COPY OF THE  
ANNUAL REPORT FORM WITH THE CURRENT INFORMATION ALONG WITH THIS  
LETTER AND A COPY OF THE CASHED CHECK FOR YOUR OFFICE. HOPEFULLY  
YOU CAN HELP TO PUT MY COMPANY IN THE NORMAL STATUS. I APPRECIATE  
ALL YOUR HELP IN THIS MATTER.

THANK YOU FOR YOUR TIME AND CONSIDERATION AND IF YOU HAVE ANY  
FURTHER QUESTION, PLEASE DO NOT HESITATE TO CONTACT US.

CORDIALLY,



ADOLFO PUZOL  
PRESIDENT