2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000037677 1. Entity Name MEDICAL CENTER OF MIAMI, INC.								06		LED -7 階	1: 42		
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Principal Place	of Busines:	\$	Malling Address		- 1	10	TAL	LAH.	8 4 . 15	SIJH			
8366 SW 8TH ST.			8366 SW 8TH ST			A/1K	114	CHILL					
MIAMI, FL 33144			MIAMI, FL 33144			XIN							
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2. Principal Place of Business			3. Mailing Address				NICHIONI) A Ziricazaras	(2577577 (2577577					
Suite. Apt. #. elc. City & State			Suite, Apt. #, etc. City & State				1,08092005		H CR2E	134, 10/03)			
City a State			Dily & Sible			4. FEI Number 20 - 0	800992			Applicable			
Zip Country			Zip	liy			of Status Desired	П	\$8.75 Addi	ional			
	6. Name	and Address of Current	Registered Agent	istered Agent			7. Name and Address of New Registered Agent						
			Name										
GORT, BERTO 8366 SW 8TH ST MIAMI, FL 33144				Street Address (P.O. Box Number Is Not Acceptable)									
					City				F	Zip Code	ľ		
8. The above	named entit	y submits this statement for	or the purpose of changing its	register	ed office or r	egister	ed agent, or bo	th, in the State of Flo	tida. I ar	n lamillar with, 8	and accept		
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 lamiliar with, and accept the obligations of registered agent.													
SIGNATURE													
Signature, typest or profiled name of registered signing and table if applicable. PACE: Registered Agent signature required when reinstating. DATE													
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution.										S., the otice.			
					ADDITIONS	CHANGES TO OFF	CERS AN	O DIRECTORS	IN 11				
10.	OFFICERS AND DIRECTORS 11						ADDITIONS	CHANGES IC OF		Change	Addition		
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	certify that the	ne information summitted with	th this filing does not qualify to	. 		d in Se	etion 119.07/3\	(i). Florida Statutes	l further r	ertify that the in	formation		
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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 additional production of the receiver of the composition of the receiver of the receiver of the composition of the receiver of this report of the receiver of the re													
SIGNATURE: X SCHATURE AND TYPED OR PRINTED NAME DE SIGNING OFFICER OR DIRECTOR													