2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90205 012 ***158.75

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Entity Name
SOUTH INTEGRITY MEDICAL GROUP. INC.

400246891

Principal Place of Business	Mailing Address
951 SW 42ND AVE #301 MIAMI, FL 33134	951 SW 42ND AVE #301 MIAMI, FL 33134

02192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1541 SE 12 Rd (Bay 28,		1541 SE 12 Rd Ave	
Suite, Apt. #, etc. 28,		Suite, Apt. #, etc. Suite 28	
City & State Homestead Fl		City & State Homestead Fl	
Zip 33035	Country Dade	Zip 33035	Country Dade.

4. FEI Number 30-0296005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, HECTOR MD
951 SW 42ND AVE #301
MIAMI, FL 33134

CHANGE →

7. Name and Address of New Registered Agent

Name Rodriguez Hector S. MD.
Street Address (P.O. Box Number is Not Acceptable) 1541 SE 12 Road (Ave)
Suite 28
City Homestead FL Zip Code 33035

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 Hector S. Rodríguez MD [signature] MD 2/24/05
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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODRIGUEZ, HECTOR 951 SW 42ND AVE #301 MIAMI, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Hector S. Rodriguez MD 1541 SE 12 Road (Ave) suite 28 Homestead Fl 33035.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ESCARPIO, JORGE L 951 SW 42ND AVE #301 MIAMI, FL 33134	☒ 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

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: Hector S. Rodríguez MD [signature] MD 2/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #