


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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

05-06-2005 90094 025 ***150.00

DOCUMENT # P04000067374

1. Entity Name
DENAWEST MEDICAL CENTER, CORP.



Principal Place of Business
14642 SW 48TH ST
MIAMI, FL 33175

Mailing Address
14642 SW 48TH ST
MIAMI, FL 33175

2. Principal Place of Business
16031 SW 83 ST.
Suite, Apt. #, etc.

3. Mailing Address
16031 SW 83 ST.
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33193

Country
DADE

Zip
33193

Country
DADE

00043370

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05022005 Chg-P CR2E034 (10/03)

4. FEI Number
72-1582438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MARACALLO, AUDALIA
14642 SW 48TH ST
MIAMI, FL 33175

7. Name and Address of New Registered Agent
Name: MARACALLO, AUDALIA
Street Address (P.O. Box Number is Not Acceptable):
16031 SW 83 ST
City: MIAMI FL Zip Code: 33193

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: Audalia Maracallo
Date: 05/02/05

(NOTE: Registered Agent signature required when reinstating)

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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: MARACALLO, AUDALIA STREET ADDRESS: 14642 SW 48TH ST CITY-ST-ZIP: MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE: PD NAME: MARACALLO, AUDALIA STREET ADDRESS: 16031 SW 83 ST. CITY-ST-ZIP: MIAMI, FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: CARDENTY, DYLCIA STREET ADDRESS: 14642 SW 48TH ST CITY-ST-ZIP: MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE: VPD NAME: CARDENTY, DYLCIA STREET ADDRESS: 16031 SW 83 ST. CITY-ST-ZIP: MIAMI, FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Audalia Maracallo
Date: 05/02/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR