2005 FOR PROFIT CORPORATION

FILED May 02, 2005 8:00 am

Ω.iytime Phone #

ANNUAL REPORT						Secretary of State				
DOCUMEN			05-02-2005 90410 014 ***150.00							
7TH AVENUE MEDICAL PLAZA, INC.						• 04 #11977				
Principal Place of Bus	iness	Mailing Address	Mailing Address		14014037					
10071 N.W. 7TH AVENUE MIAMI, FL 33150		10000 S.W. 122 TE Miami, Fl. 33176	10000 S.W. 122 TERRACE Miami, Fl. 33176							
							[] 			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04272005	Chg-P	CR2E034	1 (10/03)		
City & State		City & State	City & State		4. FEI Number	86-110	208	Applied For Not Applicable		
Zip	Country	Zip	Country			of Status Desired	□ \$	8.75 Additional se Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
MELLISCH IBA	e			Name						
WELLISCH, IRA S 10000 S.W. 122 TERRACE MIAMI, FL 33176				Street Address (P.O. Box Number is Not Acceptable)						
	-									
				City			FL	Zip Code		
8. The above named the obligations of the obligatio		nent for the purpose of changin	g its registe	red office or register	red agent, or both	n, in the State of Fk	orida. I am fai	miliar with, and accept		
0.044.77.105										

the obligati	ons of registered agent.		3		•		•
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE:	Registeroo Agent signat	ure required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	11.	ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRA Well 10071 NW MiAMi 1	15h 7+12 AVE =6 33150	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	THLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE. NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with this f on this report or supplier ental report is true poration or the receiver ply sustee empowere or on an attachment with an address, with a	and accurate and that my	v signature shall h	nave the same legal effe	ct as if made under oa	th; that I am an officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _