


2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/6/

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-06-2005 90003 002 ***150.00

| | | | |
|---|---|--|---|
| DOCUMENT # P04000077187 | |  | |
| 1. Entity Name SOUTH DADE HEALTH SERVICES, INC. | | | |
| Principal Place of Business 9765 S.W. 184TH ST. MIAMI, FL 33157 | | Mailing Address 9765 S.W. 184TH ST. MIAMI, FL 33157 | |
| 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 | | 7. Name and Address of New Registered Agent | |
| MINKES, LINDA 9765 S.W. 184TH ST. MIAMI, FL 33157 | | Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | |
| 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 IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD NINKES, LINDA 9765 S.W. 184TH ST. MIAMI, FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MINKES, JULES G. 9765 S.W. 184TH ST. MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECY/TREAS. TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MINKES, LINDA 9765 S.W. 184TH ST. MIAMI, FL 33157 |
| 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 |
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01032005 Chg-P CR2E034 (10/03)

4. FEI Number **113719461** Applied For ☐ Not Applicable ☐

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

SIGNATURE: *Linda Mikes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 305/255-3950
Date Daytime Phone

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.