

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077557

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: HOPE MEDICAL CENTRE, INTERNATIONAL, INC.

## Current Principal Place of Business:

1509 SOUTH WICKHAM ROAD  
WEST MELBOURNE, FL 32904

## New Principal Place of Business:

P O BOX 410758  
MELBOURNE, FL 32941

## Current Mailing Address:

1509 SOUTH WICKHAM ROAD  
WEST MELBOURNE, FL 32904

## New Mailing Address:

P O BOX 410758  
MELBOURNE, FL 32941

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MURBE, MARYAM  
1509 SOUTH WICKHAM ROAD  
WEST MELBOURNE, FL 32904 US

## Name and Address of New Registered Agent:

ARCHINIHU, JOHNSPENCER C DR  
P O BOX 410758  
MELBOURNE, FL 32941 US

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.

SIGNATURE: JOHNSPENCER C. ARCHINIHU

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: ARCHINIHU, JOHNSPENCER  
Address: 1346 HAMPTON PARK LANE  
City-St-Zip: MELBOURNE, FL 32940

Title: COO ( ) Delete  
Name: MURBE, MARYAM  
Address: 1509 SOUTH WICKHAM ROAD  
City-St-Zip: WEST MELBOURNE, FL 32904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: ARCHINIHU, JOHNSPENCER C DR.  
Address: 1346 HAMPTON PARK LANE  
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARCHINIHU, JOHNSPENCER C. DR

PCEO

04/18/2005

Electronic Signature of Signing Officer or Director

Date