

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90357 020 ***150.00

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| DOCUMENT # P04000080303 1. Entity Name PEARL MEDICAL CENTER, INC | | | |
| Principal Place of Business 1380 NE MIAMI GRDENS DR 138 N MIAMI BEACH, FL 33179 US | | Mailing Address 1380 NE MIAMI GRDENS DR 138 N MIAMI BEACH, FL 33179 US | |
| 2. Principal Place of Business 4850 N. STATE ROAD 7 Suite, Apt. #, etc. BUILDING G SUITE 116 City & State LAUDERDALE LAKES, FLORIDA Zip 33319 Country USA | | 3. Mailing Address 4850 N. STATE ROAD 7 Suite, Apt. #, etc. BUILDING G SUITE 116 City & State LAUDERDALE LAKE, FLORIDA Zip 33319 Country USA | |
| 4. FEI Number 20-1141165 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent RAY PEREZ & ASSOCIATES PA 13935 NW 1ST AVE MIAMI, FL 33168 | | 7. Name and Address of New Registered Agent Name ASHOT SAMSONIAN Street Address (P.O. Box Number is Not Acceptable) 4850 N. STATE ROAD 7, BUILDING G UNIT 116 City LAUDERDALE LAKES, FLORIDA FL Zip Code 33316 | |
| 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 <u>ASHOT SAMSONIAN - PRESIDENT 04-25-05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 P NAME SAMSONIAN, ASHOT <input type="checkbox"/> Delete STREET ADDRESS 1380 NE MIAMI GARDENS DR SUITE 138 CITY-ST-ZIP N MIAMI BEACH, FL 33179 | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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: <u>ASHOT SAMSONIAN - PRESIDENT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>04.25.05</u> Daytime Phone # <u>954-735-4747</u> | |