

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096927

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: STARMED MEDICAL CENTER #2, INC.

## Current Principal Place of Business:

3850 SW 87 AVE STE 207  
MIAMI, FL 33165

## New Principal Place of Business:

650 EAST 49TH STREET  
HIALEAH, FL 33013

## Current Mailing Address:

3850 SW 87 AVE STE 207  
MIAMI, FL 33165

## New Mailing Address:

650 EAST 49TH STREET  
HIALEAH, FL 33013

FEI Number: 43-2054233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALMA, FRANK  
875 E 52 ST  
HIALEAH, FL 33013 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PALMA, FRANK  
Address: 875 E 52 ST  
City-St-Zip: HIALEAH, FL 33013

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PALMA, FRANKLIN  
Address: 875 E 52 ST  
City-St-Zip: HIALEAH, FL 33013

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: FRANKLIN PALMA

P

01/11/2005

Electronic Signature of Signing Officer or Director

Date