

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90048 028 \*\*\*150.00

**DOCUMENT # P04000101390**

1. Entity Name

**DORAL ORIENTAL MEDICINE CENTER, INCORPORATED**



Principal Place of Business

**5545 SW 8 ST STE 107  
MIAMI FL 33134**

Mailing Address

**PO BOX 441246  
MIAMI FL 33144**

2. Principal Place of Business

**2445 NW 97 AVE.**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DORAL, FLORIDA**

City & State

4. FEI Number

**51-0518469**

Applied For

Not Applicable

Zip

**33172**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE  
5545 SW 8 ST STE 107  
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name

**MARQUEZ, JOSE**

Street Address (P.O. Box Number is Not Acceptable)

**2445 NW 97 AVE.**

City

**DORAL,**

**FL**

Zip Code

**33172**

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

*Jose Marquez*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1-20-2005**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **MANDUCA-MARQUEZ, VIVIAN**  
CITY-ST-ZIP **5545 SW 8 ST STE 107  
MIAMI FL 33134**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **DELOS RIOS, ALESSANDRA**  
CITY-ST-ZIP **5545 SW 8 ST STE 107  
MIAMI FL 33134**

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **MARQUEZ, JOSE**  
CITY-ST-ZIP **5545 SW 8 ST STE 107  
MIAMI FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2445 NW 97 AVE.**  
CITY-ST-ZIP **DORAL, FL 33172**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2445 NW 97 AVE.**  
CITY-ST-ZIP **DORAL, FL 33172**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2445 NW 97 AVE**  
CITY-ST-ZIP **DORAL, FL 33172**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Jose Marquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-05 (786) 218-1327**

Date

Daytime Phone #