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Jul 11, 2005 8:00 am
Secretary of State

06-22-2005 90077 028 ***150.00
07-11-2005 90199 045 ***400.00

20062659

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103282

1. Entity Name
IGUSA MEDICAL CENTER, CORP.

Principal Place of Business
6530 SW 129 AVE
MIAMI, FL 33183

Mailing Address
6530 SW 129 AVE
MIAMI, FL 33183

2. Principal Place of Business: 8100 W Flagler St
Suite, Apt. #, etc.: 200
City & State: Miami, FL.
Zip: 33144 Country:

3. Mailing Address: 8100 W Flagler St
Suite, Apt. #, etc.: 200
City & State: Miami FL.
Zip: 33144 Country:

08162005 Chg-P CR2E034 (10/03)

4. FEI Number: 33-1096241 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
GUZMAN, AUGUSTO
6530 SW 129 AVE
MIAMI, FL 33183

7. Name and Address of New Registered Agent
Name: Guzman, Augusto.
Street Address (P.O. Box Number is Not Acceptable): 8100 W Flagler ST #200.
City: Miami FL Zip Code: 33144.

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	President ☒ Change ☐ Addition
NAME	GUZMAN, AUGUSTO	NAME	Guzman, Augusto.
STREET ADDRESS	6530 SW 129 AVE	STREET ADDRESS	8100 W Flagler ST #200.
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP	Miami, FL. 33144.
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #