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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

200624699

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103282

1. Entity Name
IGUSA MEDICAL CENTER, CORP.

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

06162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8100 W Flagler St	8100 W Flagler St
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200.
City & State Miami, Fl.	City & State Miami Fl.
Zip 33144 Country	Zip 33144. Country

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]
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 NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN, AUGUSTO 6530 SW 129 AVE MIAMI, FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Guzman, Augusto. 8100 W Flagler ST #200. Miami, FL 33144.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #