

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


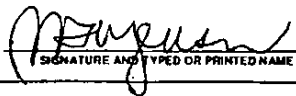
FILED
Apr 13, 2005 8:00 am
Secretary of State

03-16-2005 90039 046 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000139574					
1. Entity Name HIGH STANDARD MEDICAL CENTER CORP.					
Principal Place of Business 16455 NE 6TH AVENUE N MIAMI BEACH FL 33162 US			Mailing Address 15181 NW 1 STREET PEMBROKE PINES FL 33028 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1916352	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AFOLABI, ALADE 15181 NW 1 STREET PEMBROKE PINES FL 33028			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
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. <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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILS, JEANNE		NAME		
STREET ADDRESS	1099 BIRCHWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33327		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AFOLABI, ALADE		NAME		
STREET ADDRESS	15181 NW 1 STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARGENSON, MARIE		NAME		
STREET ADDRESS	16455 NE 6TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33162		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			3/7/05 305-949-9461		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		