2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

| DOCUMENT # P04000142590 1. Entity Name ELIOM MEDICAL CENTER, INC. | | | | | | 04-28-2005 | 90182 01 / ***13 | 0.00 |
|---|---|--|---|--|-------------------------------|-----------------------|----------------------------|--------------------|
| Principal Place of Business 8100 W. FLAGLER STREET SUITE 200 MIAMI, FL 33144 | | Mailing Address 8100 W. FLAGLER STREET SUITE 200 MIAMI, FL 33144 | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04222005 | Chg-P | CR2E034 (10/03) | | |
| City & State | | City & State | | | 4. FEI Number 77 - 0 | 65218 | A _I | oplied For |
| Zip | Country | Zip | Coun | ntry | 1 | f Status Desired | \$8.75 Add | ditional |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and A | Address of New R | | |
| VECUULA | | | | Name | | | | |
| VEGUILLA, ELIEZER 8100 W. FLAGLER STREET SUITE 200 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI, FL | | | | | | | | |
| | | | | City | | 7.7.7.44 | FL Zip Cod | 9 |
| 8. The above | named entity submits this statement (| or the purpose of changing | its register | ed office or regis | stered agent, or both | , in the State of Flo | orida. I am familiar with, | and accept |
| tile obligat | ions of registered agent. | | | | | Ø | 14-25- 200 | سارا د |
| SIGNATURE. | Signature, typed or printed name of registered agen | t and title if applicable (| NOTE: Registere | ed Agent signatura requ | ired when reinstating) | | DATE | |
| | ri. | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550 | 9. Election Can Trust Fund C | | · _ + | 55.00 May Be added to Fees | | | |
| | ay 1, 2005 Fee will be \$550 | .00 Trust Fund C | | Ā | dded to Fees | HANGES TO OFF | ICERS AND DIRECTOR | S IN 11 |
| After Ma | ay 1, 2005 Fee will be \$550 | D DIRECTORS Delete | 11. TITU NAM STRE | Ā | dded to Fees | HANGES TO OFF | ICERS AND DIRECTOR Change | S IN 11 |
| After Ma | P SOTOLONGS, OSVALDO 8100 W. FLAGLER STREET. SU | Trust Fund C D DIRECTORS Delete UITE 200 Delete | Ontribution. 11. TITLE NAM STRE CITY TITLE NAM STRE | E EEET ADDRESS '-ST-ZIP E | dded to Fees | CHANGES TO OFF | | |
| After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | P SOTOLONGS, OSVALDO 8100 W. FLAGLER STREET. SI MIAMI, FL 33144 S VEGUILLA, ELIEZER 8100 W. FLAGLER STREET, SI | Trust Fund C D DIRECTORS Delete Directors Delete Delete Delete Delete | 11. TITLE NAM STRE CITY | E E E E E E E E E E E E E E E E E E E | dded to Fees | CHANGES TO OFF | ☐ Change | Addition |
| After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | P SOTOLONGS, OSVALDO 8100 W. FLAGLER STREET. SI MIAMI, FL 33144 S VEGUILLA, ELIEZER 8100 W. FLAGLER STREET, SI MIAMI, FL 33144 T ORTEGA, HILDEGANT 8100 W. FLAGLER STREET, SI MID W. FLAGLER STREET, SI ORTEGA, HILDEGANT | Trust Fund C D DIRECTORS Delete Directors Delete Delete Delete Delete | TITLL NAM STRE CITY | E EEET ADDRESS '-ST-ZIP E EEET ADDRESS '-ST-ZIP E EEET ADDRESS '-ST-ZIP E E EET ADDRESS '-ST-ZIP E | dded to Fees | CHANGES TO OFF | ☐ Change | Addition |
| After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | P SOTOLONGS, OSVALDO 8100 W. FLAGLER STREET. SI MIAMI, FL 33144 S VEGUILLA, ELIEZER 8100 W. FLAGLER STREET, SI MIAMI, FL 33144 T ORTEGA, HILDEGANT 8100 W. FLAGLER STREET, SI MID W. FLAGLER STREET, SI ORTEGA, HILDEGANT | Trust Fund C D DIRECTORS Delete UITE 200 Delete UITE 200 Delete UITE 200 Delete | TITLL NAM STRE CITY | E E E E E E E E E E E E E | dded to Fees | HANGES TO OFF | ☐ Change ☐ Change ☐ Change | Addition 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 flustee 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 OF SIRECTOR

04-05-2005 786-346 4088

Daytime Phone #