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Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90212 033 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000008452

1. Entity Name:
ASSOCIATED MEDICAL COMPANY, INC

Principal Place of Business	Mailing Address
2232 W 80 ST #2 HIALEAH GARDENS, FL 33016 US	2232 W 80 ST #2 HIALEAH GARDENS, FL 33016 US

54039318

DO NOT WRITE IN THIS SPACE

04192004 No Chg P CR2E004 (10/03)

4. FEI Number: 650877305 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

NAVARRO ROSARIO
6381 MLK/WAGON LANE
MIAMI LAKES, FL 33014

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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

FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NAVARRO ROSARIO
STREET ADDRESS	6384 MLK/WAGON LANE
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] 4/19/04 (305)558-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #