

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90016 024 \*\*\*150.00

**DOCUMENT # P93000043086**

1. Entity Name

**PROTECS MEDICAL CORPORATION**



Principal Place of Business

8780 SW 92ND STREET  
SUITE 208-B  
MIAMI FL 33176  
US

Mailing Address

8780 SW 92ND STREET  
SUITE 208-B  
MIAMI FL 33176  
US

34022927



MOORE CR2E034 (11/03)

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

65-0420167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA FUENTE, RICARDO L.  
8780 SW 92ND ST, STE 208-B  
MIAMI FL 33176

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

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**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Delete
NAME	DE LA FUENTE, RICARDO L	
STREET ADDRESS	2415 GRANDA BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134-5555	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GONZALEZ, RICARDO C	
STREET ADDRESS	8852 S.W. 59 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE LA FUENTE, FRANCISCO	
STREET ADDRESS	2415 GRANADA BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134-5555	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, CAMILO II	
STREET ADDRESS	1790 SW 1ST AVENUE	
CITY-ST-ZIP	MIAMI FL 33129-1130	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAZER, ROBERT	
STREET ADDRESS	9321 SW 102ND ST	
CITY-ST-ZIP	MIAMI FL 33116	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, SCOTT	
STREET ADDRESS	10421 NW 49 PL	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

*Ricardo L de la Fuente*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-04  
Date

305-445-7002  
Daytime Phone #