2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005
Secretary of State

DOCUMENT# P94000002405

Entity Name: TRAUMA & FAMILY MEDICAL CENTER, INC.

Current Principal Place of Business:

2109 SW 27 AVE
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

2109 SW 27 AVE
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 65-0460234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, MARIA A
10002 NW 5TH LN
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOMEZ, MARIA A
Address: 10002 NW LANE
City-St-Zip: MIAMI, FL

Title: V ( ) Delete
Name: CAZARES, MARIA
Address: 420 VALENCIA APT #5
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: CAZARES, MARIA
Address: 2237 SW 63 AVE
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA GOMEZ CEO 03/16/2005

Electronic Signature of Signing Officer or Director Date