

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000009857

FILED  
Mar 15, 2004  
Secretary of State

**Entity Name:** FLORIDA HEALTH SPECIALTY PROVIDERS, INC.

**Current Principal Place of Business:**

7900 N.W. 27TH ., STE 205  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

7900 N.W. 27TH ., STE 205  
MIAMI, FL 33147 US

**New Mailing Address:**

FEI Number: 65-0466989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUIZ, SERGIO  
1301 S.W. 126TH PL  
MIAMI, FL 33184 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: PS ( ) Delete  
Name: SERGIO, RUIZ O SR  
Address: 1301 SW 126 PL  
City-St-Zip: MIAMI, FL 33184

Title: VT ( ) Delete  
Name: RUIZ, MARIA J  
Address: 1301 SW 126 PL  
City-St-Zip: MIAMI, FL 33184

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: SERGIO, RUIZ O JR  
Address: 1301 SW 126 PL  
City-St-Zip: MIAMI, FL 33184

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

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: SERGIO OSCAR RUIZ

PS

03/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date