


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000013566  
 1. Entity Name  
 SORISA MEDICAL CENTER, INC.



Principal Place of Business      Mailing Address  
 1095 E 4TH AVE.                      780 N.W. 42 AVE., #416  
 HIALEAH, FL 33010                      MIAMI, FL 33126

**DO NOT WRITE IN THIS SPACE**



01062004    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 65-0470881                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 GARRASTAZU, JORGE  
 9885 96 ST. NORTH  
 LARGO, FL 33777

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! 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

U00000030752  
 02/04/04-80120-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS GARRASTAZU, EDGAR M 1095 E 4TH AVE. HIALEAH, FL
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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)(f), 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:  EDGAR M. GARRASTAZU, PRES.    1/30/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #