


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90064 029 \*\*\*150.00

DOCUMENT # P94000013566					
1. Entity Name <b>SORISA MEDICAL CENTER, INC.</b>					
Principal Place of Business <b>1085 E. 4TH AVE. HIALEAH, FL 33010</b>			Mailing Address <b>780 N.W. 42 AVE., #416 MIAMI, FL 33126</b>		
2. Principal Place of Business <b>1085 E. 4<sup>th</sup> AVE</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Hialeah FL</b>			City & State		
Zip <b>33010</b>		Country <b>Dade</b>		Zip	
				Country	
6. Name and Address of Current Registered Agent  <b>GARRASTAZU, JORGE 9885 96 ST. NORTH LARGO, FL 33777</b>				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS GARRASTAZU, EDGAR M <input type="checkbox"/> Delete <del>1085 E. 4TH AVE.</del> HIALEAH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1085 E. 4<sup>th</sup> AVE Hialeah, FL 33010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRASTAZU, EDGAR M <input type="checkbox"/> Delete <del>1085 E. 4TH AVE.</del> HIALEAH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1085 E. 4<sup>th</sup> AVE Hialeah, FL 33010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S Lincoln A Garay 1085 E. 4<sup>th</sup> AVE Hialeah, FL 33010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S Lurdez M Zeno 1085 E. 4<sup>th</sup> AVE Hialeah, FL 33010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-14-2005 Date Daytime Phone #		

50003022



01082005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0470881**

Applied For  
Not Applicable

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