

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
Apr 05, 2005 8:00 am
Secretary of State

DOCUMENT # P94000013566

1. Entity Name
SORISA MEDICAL CENTER, INC.



Principal Place of Business
**1085E 4TH AVE.
HIALEAH, FL 33010**

Mailing Address
**780 N.W. 42 AVE., #416
MIAMI, FL 33126**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03292005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0470881

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~GARRASTAZU, JORGE
9885 98 ST. NORTH
LARGO, FL 33777~~

7. Name and Address of New Registered Agent
Name **Rick S. Jacobs, Attorney**
Street Address (P.O. Box Number is Not Acceptable)
1600 S. Federal Hwy. Suite. # 1101
City **Pompano Beach, FL** Zip Code **33062**

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 **Rick S. Jacobs.** (NOTE: Registered Agent signature required when reinstating) DATE **3-28-2005**

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS GARRASTAZU, EDGAR M 1085 E 4TH AVE HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:  DATE: **3-28-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #