

**2005 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

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

<b>DOCUMENT # P94000013566</b> 1. Entity Name <b>SORISA MEDICAL CENTER, INC.</b>					
Principal Place of Business <b>1085E 4TH AVE. HIALEAH, FL 33010</b>			Mailing Address <b>780 N.W. 42 AVE., #416 MIAMI, FL 33126</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03292005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-0470881</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <del>GARRASTAZU, JORGE 9885 98 ST. NORTH LARGO, FL 33777</del>			7. Name and Address of New Registered Agent Name <b>Rick S. Jacobs. Attorney</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 S. Federal Hwy. Suite. # 1101</b> City <b>Pompano Beach, FL</b> Zip Code <b>33062</b>		
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 <b>Rick S. Jacobs.</b> (NOTE: Registered Agent signature required when reinstating)    DATE <b>3-28-2005</b>					
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPVS</b> <b>GARRASTAZU, EDGAR M</b> <b>1085 E 4TH AVE</b> <b>HIALEAH, FL 33010</b> <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	<b>T</b> <b>GARRASTAZU, EDGAR M</b> <b>1085 E 4TH AVE</b> <b>HIALEAH, FL 33010</b> <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	<b>S</b> <b>GARAY, LINCOLN A</b> <b>1085 E 4TH AVE</b> <b>HIALEAH, FL 33010</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>100051389031</b>  <b>04/20/05--01047--020    **61.25</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZENO, LURDEZ M</b> <b>1085 E 4TH AVE</b> <b>HIALEAH, FL 33010</b> <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	
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:			3-28-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date                      Daytime Phone #</small>		

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

