


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90051 003 \*\*\*158.75

**DOCUMENT # P94000013566**

1. Entity Name  
**SORISA MEDICAL CENTER, INC.**



Principal Place of Business      Mailing Address

**1085E 4TH AVE.  
HIALEAH, FL 33010**      **780 N.W. 42 AVE., #416  
MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1085 E. 4<sup>th</sup> AVE**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite No. C.**      City & State

City & State      City & State

**Hialeah, FL.**      4. FEI Number      Applied For

Zip      Country      Zip      Country

**33010**      **Dade**      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

01052007      Chg-P      CR2E034 (12/06)

65-0470881      Not Applicable

**\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**JACOBOS, RICK S ATTY  
1600 S FEDERAL HWY  
SUITE #1101  
POMPANO BEACH, FL 33062**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	GARRASTAZU, EDGAR M	
STREET ADDRESS	1085 E 4TH AVE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARRASTAZU, EDGAR M	
STREET ADDRESS	1085 E 4TH AVE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARAY, LINCOLN A	
STREET ADDRESS	1085 E 4TH AVE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZENO, LURDEZ M	
STREET ADDRESS	1085 E 4TH AVE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **12/20/2006**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR