


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000046372**

1. Entity Name  
**ZIGMA MEDICAL CARE, INC.**



Principal Place of Business <b>1800 SW 1ST          STE 320          MIAMI, FL 33135 US</b>	Mailing Address <b>256 NW 42 AVE.          MIAMI, FL 33126</b>
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04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0499619</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUARTE, MICHEL  
 1800 SW 1ST  
 STE 320  
 MIAMI, FL 33135**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

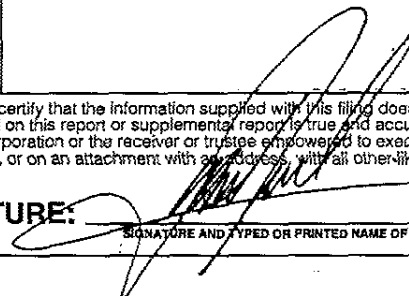
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000109646  
 04/12/04-80051-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUARTE, MICHEL 6830 MIAMI LAKES MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HUARTE, MICHEL 6830 MIAMI LAKES MIAMI LAKES, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 reports 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 my address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/7/04** Phone #: **(305) 649-3133**