

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048392

FILED
Apr 20, 2005
Secretary of State

Entity Name: HIALEAH EMERGENCY MEDICINE SPECIALISTS, INC.

Current Principal Place of Business:

651 E 25 ST
HIALEAH, FL 33013

New Principal Place of Business:

3900 HOLLYWOOD BLVD
SUITE 101
HOLLYWOOD, FL 33021

Current Mailing Address:

3900 HOLLYWOOD BLVD
SUITE 101
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0500336 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ST-CYR, ISABELLE
3900 HOLLYWOOD BLVD
SUITE 101
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: DISKIN, ARTHUR L
Address: 3900 HOLLYWOOD BLVD #101
City-St-Zip: HOLLYWOOD, FL 33021

Title: DV () Delete
Name: VIDAL, RAMON
Address: 10900 KING BAY DR
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR DISKIN

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04/20/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date