

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021058

Entity Name: R.C. MEDICAL CENTER INC.

FILED  
Jan 20, 2004  
Secretary of State

**Current Principal Place of Business:**

800 PALM AVENUE  
A  
HIALEAH, FL 33010 US

**New Principal Place of Business:**

**Current Mailing Address:**

7200 W. 18TH AVENUE  
HIALEAH, FL 33014

**New Mailing Address:**

FEI Number: 65-0569208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, RAUL  
7200 W. 18TH AVENUE  
HIALEAH, FL 33014 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: PD ( ) Delete  
Name: PEREZ, RAUL  
Address: 7200 W. 18TH AVENUE  
City-St-Zip: HIALEAH, FL 33014

Title: STD ( ) Delete  
Name: PEREZ, RENE  
Address: 95 E 12 STREET  
City-St-Zip: HIALEAH, FL 33010

**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: RAUL PEREZ

PD

01/20/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date