

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90083 012 \*\*\*150.00

**DOCUMENT # P95000040200**

1. Entity Name

SOUTHSIDE MEDICAL SERV. CORP.



Principal Place of Business

122 HIALEAH DRIVE  
HIALEAH FL 33010  
US

Mailing Address

122 HIALEAH DRIVE  
HIALEAH FL 33010  
US



2. Principal Place of Business

8199 NW 74 AVE  
Suite, Apt. #, etc.

UNIT - 8199

City & State

MEDLEY

Zip

33166

Country

FI

3. Mailing Address

8199 NW 74 AVE  
Suite, Apt. #, etc.

UNIT - 8199

City & State

MEDLEY

Zip

33166

Country

FI

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0582179

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, IGNAGLO  
~~122 HIALEAH DRIVE~~  
~~HIALEAH FL 33010~~

8199 NW 74 AVE  
UNIT 8199

MEDLEY, FI 33166

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VS  
NAME COTERA, FERMIN R  
STREET ADDRESS 122 HIALEAH DRIVE  
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE PD  
NAME FIGUEROA, IGNACIO  
STREET ADDRESS 122 HIALEAH DRIVE  
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS  
NAME COTERA FERMIN R ☒ Change ☐ Addition  
STREET ADDRESS 8199 NW 74 AVE UNIT 8199  
CITY-ST-ZIP MEDLEY, FI 33166

TITLE PD  
NAME FIGUEROA IGNACIO ☒ Change ☐ Addition  
STREET ADDRESS 8199 NW 74 AVE UNIT 8199  
CITY-ST-ZIP MEDLEY, FI 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Ignacio Figueroa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06

Date

Daytime Phone #