

2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2004 90208 009 ***100:00
P95000043972

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

DOCUMENT # P95000043972

1. Entity Name
ASIA MEDICAL CENTER INC.



Principal Place of Business

7821 CORAL WAY
STE 132
MIAMI, FL 33155 US

Mailing Address

7821 CORAL WAY
STE 132
MIAMI, FL 33155 US

44044093



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0353518

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRIDO-DUERO, ANA
7821 CORAL WAY #132
MIAMI, FL 33155

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

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

(NOTE: Registered Agent signature required when renaming)

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME GARRIDO-DUERO, ANA M
STREET ADDRESS 7821 CORAL WAY, SUITE 132
CITY-ST-ZIP MIAMI, FL 33155

TITLE VP
NAME GARRIDO, CARLOS M
STREET ADDRESS 7821 CORAL WAY, SUITE 132
CITY-ST-ZIP MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200040648102
08/30/04--01093--008 **58.75

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ana Garrido Duero 05/26/04 305 2644635

292

**ASIA MEDICAL CENTER, INC.
7821 CORAL WAY, STE. 132
MIAMI, FLORIDA 33155
(305)262-6886**

August 3, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

REF # P95000043972
Asia Medical Center, Inc

Thank you for response in the correspondence sent.
We never received any letter stating that there had been a mistake or anything the only thing we received was the Intent to dissolve the corporation which is when I wrote back with copies of the check we had sent. The check was cashed at the bank for \$100.00 not the full \$150.00, but never received any correspondence to that there had been a mistake we received a copy in the past week which attached you will find copies of what we received and also check #2583 for \$58.75 which is the \$50.00 that are due and the \$8.75 for the Certificate status.

If you have any questions please feel free to contact the office.

Thank you for your attention in this matter.

Sincerely,


Ana Garrido Duero
President