


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUL -1 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000048309
1. Entity Name
LA SALUD MEDICAL CENTER, INC



DO NOT WRITE IN THIS SPACE

600021445116
07/10/03--01007--001 **\$600.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
703 E. 9 STREET
Suite, Apt. #, etc.

3. Mailing Address
703 E. 9 STREET
Suite, Apt. #, etc.

City & State
HALEAH - FL.

City & State
HALEAH - FL.

4. FEI Number
65-0589770

Applied For
 Not Applicable

Zip Country
33010 U.S.A.

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33010 U.S.A.

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
AMADOR REYES

Street Address (P.O. Box Number is Not Acceptable)
703 E. 9 STREET

City
HALEAH FL Zip Code
33010

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] AMADOR REYES JR 6-27-03

(Signature, brand or control mark of the registered agent and title if applicable) (Name of Registered Agent service required when changing) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<u>D/P/N/S/T</u>						
	<u>AMADOR REYES JR</u>	<u>703 E. 9 STREET</u>	<u>HALEAH, FL 33010</u>				

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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] AMADOR REYES 6-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Entered

CR3E034B (12/02)

27/11

LA SALUD MEDICAL CENTER, INC.

TO WHOM IT MAY CONCERN:
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2001 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY


AMADOR REYES JR
PRESIDENT