

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90379 049 ***158.75

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1. Entity Name
SUNMED HEALTHCARE PROVIDERS, INC.



Principal Place of Business
**1987 NW 88 CT STE 201
MIAMI, FL 33172 US**

Mailing Address
**P.O. BOX 526200
MIAMI, FL 33152 US**

14005006



04122004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0634161

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUN MED, INC.
1987 NW 88 CT STE 201
MIAMI, FL 33172**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **DC** ☐ Delete
NAME **BANGERTER, PHILLIP**
STREET ADDRESS **1987 NW 88TH CT STE 201**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **DPST** ☐ Delete
NAME **TIRADO, ALEXANDER**
STREET ADDRESS **1987 NW 88 CT STE 201**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **DP** ☐ Delete
NAME **MARTIN, MICHAEL M.D**
STREET ADDRESS **1987 NW 88TH CT STE201**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: Alexander Tirado Date 4-14-04 Daytime Phone # 305-436-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR