

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90390 042 ***150.00

DOCUMENT # P96000080830 1. Entity Name SAN ANTONIO HEALTH CENTER, INC.					
Principal Place of Business 6801 NW 77TH AVE. 104 MIAMI, FL 33166			Mailing Address 6801 NW 77TH AVE. 104 MIAMI, FL 33166		
2. Principal Place of Business 411 SW 27 AVE Suite, Apt. #, etc. SUITE 100		3. Mailing Address 411 SW 27 AVE Suite, Apt. #, etc. SUITE 100			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0697014	
Zip 33135		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAYON, ZORAIDA 6801 NW 77TH AVE. SUITE 104 MIAMI, FL 33166				7. Name and Address of New Registered Agent Name BAYON, ZORAIDA Street Address (P.O. Box Number is Not Acceptable) 411 SW 27 AVE, SUITE 100 City MIAMI FL Zip Code 33135	
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 <u><i>Z Bayon</i></u> 4/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAYON, ZORAIDA 6801 NW 77TH AVE. SUITE 104 MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAYON, ZORAIDA 411 SW 27 AVE, SUITE 100 MIAMI, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Z Bayon</i></u> 4/27/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					