

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90401 050 \*\*\*150.00

**DOCUMENT # P98000038419**

1. Entity Name

**COMBINED HEALTH SERVICES CORPORATION**



Principal Place of Business

**6500 WEST 4 AVENUE  
HIALEAH FL 33012**

Mailing Address

**3400 CORAL WAY- STE 600  
MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**65-0842463**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORENO, RAMON S  
8802 NW 189 TERR  
MIAMI FL 33018**

Name  
**JORGE ANDRES DIAZ**

Street Address (P.O. Box Number is Not Acceptable)  
**3400 CORAL WAY, 6TH FL.**

City  
**MIAMI,**

**FL**

Zip Code  
**33145-3053**

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

*J. A. Diaz*

/ **JORGE ANDRES DIAZ**

**04/08/2004**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MORENO, RAMON S  
8802 NW 189 TERR  
MIAMI FL 33018

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
MORENO, RAMON S.  
8802 N.W. 189TH TERR.  
HIALEAH, FLORIDA 33018-6239

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
MORENO, ALFREDO  
6500 W. 4 AVENUE  
HIALEAH FL 33012

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MORENO, ALFREDO C.  
8865 N.W. 189TH TERR.  
HIALEAH, FLORIDA 33018-6235

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
SABERON, MIGDADIA  
8015 NW 170 TERR  
HIALEAH FL 33015

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
SOBERON, MIGDALIA  
8015 N.W. 170TH TERR.  
HIALEAH, FLORIDA 33015

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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 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:**

*Ramon S. Moreno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/08/2004**

Date

**(305) 557-3151**

Daytime Phone #