


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90027 029 ***150.00

DOCUMENT # P98000046355	
1. Entity Name SELECTA MEDICAL CENTER, INC.	

Principal Place of Business 1631 SW 32ND AVE MIAMI, FL 33145	Mailing Address 1631 SW 32ND AVE MIAMI, FL 33145
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2. Principal Place of Business 1490 West 49 PL	3. Mailing Address 1490 W 49 PL
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Suite, Apt. #, etc. 210	Suite, Apt. #, etc. 210
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City & State HALEAH FL	City & State HALEAH FL
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Zip 33012	Country Miami Dade	Zip 33012	Country Miami Dade
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6. Name and Address of Current Registered Agent GREENE, THAIS A MD 7835 WEST 18 LN HALEAH, FL 33014	
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02182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0837345	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name MACARENO, CLARA L.	
Street Address (P.O. Box Number is Not Acceptable) 7897 W 18 LN	
City HALEAH	FL Zip Code 33014

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 **2/18/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREENE, THAIS A		NAME MACARENO, CLARA L.	
STREET ADDRESS 1631 SW 32ND AVE		STREET ADDRESS 7897 W 18 LN	
CITY-ST-ZIP MIAMI, FL 33145		CITY-ST-ZIP HALEAH FL 33014	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENE, THAIS A M.D.		NAME	
STREET ADDRESS 1631 SW 32ND AVE.		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33145		CITY-ST-ZIP	
TITLE President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACARENO, CLARA L.		NAME	
STREET ADDRESS 7897 W 18 LN HIA. FL 33014		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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  DATE **2/18/05** 30817-9151

CLARA L. MACARENO PDT