

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000098100

1. Entity Name
FLORIDA MEDICAL GROUP CORP.



Principal Place of Business
1540 WASHINGTON AVE
MIAMI BEACH, FL 33139

Mailing Address
1540 WASHINGTON AVE
MIAMI BEACH, FL 33139



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0887825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOMINGUEZ, MANUEL MD
1540 WASHINGTON AVE
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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, 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOMINGUEZ, MANUEL
STREET ADDRESS	1540 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	GONZALEZ, JESUS JR
STREET ADDRESS	1540 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	SOTO, RAFAEL A MD
STREET ADDRESS	161 WASHINGTON AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	BAEZ, HUMBERTO MD
STREET ADDRESS	3006 NW 7TH ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	BURGOS, RAFAEL MD
STREET ADDRESS	840 5 STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000093680
03/22/04-80028-014 150.00

**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)(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: X

MANUEL DOMINGUEZ, DIR.

03/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #