2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 03, 2004 8:00 am Secretary of State

DOCUMENT # P99000006826 1. Entity Name S.O.S. MEDICAL CENTER, INC.					08-03-2004 90104 008 ***150.00				
Principal Place of Business 719 EAST 9 ST. HIALEAH, FL 33010		Mailing Address 719 EAST-9-ST HIALEAH, FL 33010					54066	578	ı
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2. Principal Place of Business		3. Mailing Address		5th LA	/= II II				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07272004 Chg-P		CR2E034 (10/03)		
City & State		City & State		Z.	4. FEI Number 65-0890203		Applied For Not Applicable		
Zip	Country	Z _B 33012	Count	US.		of Status Desired		75 Add	
6. Name and Address of Curren		Registered Agent		<i>(7 - 2)</i>	7. Name and Address of New Registered Agent				
,				Name .					
RODAZ, SA 4208 WES				Street Address (P.O. Box Numb	er is Not Acceptable)		
HIALEAH,	FL 33012								<u>-</u>
		•		City			FL	Zip Code	;
8 The above	named entity submits this statement f	or the nurpose of changing its r	registere	ed office or register	red agent, or bo	th, in the State of Flo		iar with,	and accept
	ions of registered agent. Signature, typed or printed name of registered agent	<u></u>		d Agent signature required			DATE	***	
FILE NOWH FEE IS \$150.00 9. Election Campaign Trust Fund Contribut Trust Fund Contribut 9. Election Campaign					.00 May Be led to Fees	In accordance v corporation did	vith s. 607.193 not receive the	3(2)(b), l e prior n	F.S., the otice.
10.	्र OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	PD ORDAZ, SANTIAGO 4208 WEST 5 LANE HIALEAH, FL 33012	☐ Delete		I			Ļ	Change	☐ Addition
TITLE	FINELAN, TE 33012	☐ Delete	TITLE					Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST-ZIP					
TIŢLE NAME	d	☐ Delete	TITLE	I				Change	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS		•			— · · · ·
CITY-ST-ZIP			-	-ST-ZIP					<u></u>
TITLE NAME		Delete	TITLE NAM					Change	Addition
STREET ADDRESS		ζ*		ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP				Change	Addition
TITLE NAME		☐ Delete	NAM	l l			<u>. </u>	Change	
Street address	.4			EET ADDRESS					
CITY-ST-ZIP		□ Daleta	TITL	-ST-ZIP				Change	☐ Addition
NAME		☐ Delete	NAM					viidigo	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	certify that the information supplied wi	th this filling does not qualify for		-ST-ZIP	ection 119 07/3	(i) Florida Statutes	I further certify t	hat the in	nformation
iz. i nereby	certify that the information supplied wi	ar and ming does not qualify for	010 676	transpired in State of the stat	nama lamal affa	et en it mede under	anthothat Lame	n officer	or director

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Horida 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te Daytime Phone #