


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-03-2004 90104 008 ***150.00

DOCUMENT # P99000006826	
1. Entity Name S.O.S. MEDICAL CENTER, INC.	

Principal Place of Business 719 EAST 9 ST. HIALEAH, FL 33010	Mailing Address 719 EAST 9 ST. HIALEAH, FL 33010
--	--

54066578

2. Principal Place of Business		3. Mailing Address <i>4208 West 5th Lane</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Hialeah FL</i>	
Zip	Country	Zip <i>33012</i>	Country <i>U.S.</i>



07272004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0890203	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent RODAZ, SANTIAGO 4208 WEST 5 LANE HIALEAH, FL 33012	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>[Signature]</i>	DATE

FILE NOW!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORDAZ, SANTIAGO 4208 WEST 5 LANE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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
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

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: <i>[Signature]</i>	Date Daytime Phone #