


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90123 001 ***387.50

DOCUMENT # P99000048381		
1. Entity Name BALE MEDICAL CENTER CORP.		

Principal Place of Business 9310 S.W. 120 AVE. MIAMI FL 33186	Mailing Address 9310 S.W. 120 AVE. MIAMI FL 33186
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 65-0620705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARAQUE, GEORGE J 4410 WEST 16TH AVE., #5-205 HIALEAH FL 33012-7100		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	P SANDINO, MATILDE 9310 SW 120 AVE MIAMI FL 33186 <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
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ Date _____ Daytime Phone # _____

ATTACHMENT

660 23477
P99000048381

06/14/05

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

ON THE DAY OF 4/15/05 I SEND YOU A CHECK OF THE AMOUNT OF \$450.00. TO PAY THE ANUAL REGISTRATION OF MY THREE CORPORATIONS, THE CHECK NUMBER IS 4741 BANK ACCOUNT NAME UNDER BALE MEDICAL CENTER CORP. THIS CHECK COVERED THE ANUAL REGISTRATION FOR THE NEXT THREE CORPORATIONS: BALE MEDICAL CENTER CORP, ANTHONY CESAR INC, AND NEW STYLE OF MENTAL HEALTH. \$150.00 FOR EACH ONE. IN THE DATE OF 5/23/05, I RESPONDED TO YOUR LETTER THAT STATED THAT I HAD TO SEND AN ADDITIONAL \$8.75 FOR EACH ONE, AND I SEND YOU A CHECK OF THE AMOUNT OF \$26.00 WICH COVERS THE THREE CORPORATION FOR \$8.75 EACH.

YESTERDAY I RECIEVED A LETTER STATING THAT I HAD TO SEND ANOTHER ADDITIONAL \$150 PLUS \$8.75 FOR EACH OF MY CORPORATIONS, AND I SPOKE TO MY BANK THIS MORNING AND THEY TOLD ME THAT THE CHECK THAT I SEND YOU \$450.00 ON THE DATE OF 4/15/05 WITH CHECK NUMBER 2751 IT HAS NOT BEEN CASHED TILL TODAY, AND I ASK MYSELF WHY? WHERE IS THAT CHECK? YOU HAVE NEVER RETURNED THAT CHECK BACK.

TODAY I AM SENDING ANOTHER CHECK WITH THE BALE MEDICAL CENTER ACCOUNT WITH THE CHECK NUMBER 2876 FOR THE AMOUNT OF \$387.50 WHICH COVERS:

- BALE MEDICAL CENTER CORP \$150.00 PLUS \$8.75 WHICH EQUALS 158.75
- ANTHONY CESAR INC, \$150.00 PLUS \$8.75 WHICH EQUALS \$158.75
- NEW STYLE OF MENTAL HEALTH \$61.25 PLUS \$8.75 WHICH EQUALS \$70.00
- TOTAL EQUALS \$387.50.

PLEASE RESOLVE THIS PROBLEM A.S.A.P AND I WILL APPRECIATE IT.

THANKS ALOT AND HAVE A SPECIAL DAY


MATELDE SANDINO.