

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077249

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: CLINICA DE OCCIDENTE, INC.

## Current Principal Place of Business:

1602 NW 84 AVE  
MIAMI, FL 33126 US

## New Principal Place of Business:

1411 NW 84 AVE  
MIAMI, FL 33126 US

## Current Mailing Address:

1602 NW 84 AVE  
MIAMI, FL 33126 US

## New Mailing Address:

1411 NW 84 AVE  
MIAMI, FL 33126 US

FEI Number: 65-0943947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILBERN, URIBE  
1602 N.W. 84 AVENUE  
MIAMI, FL 33126

## Name and Address of New Registered Agent:

GILBERT, URIBE  
1411 N.W. 84 AVENUE  
MIAMI, FL 33126

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.

SIGNATURE: GILBERT URIBE

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VARON, ARCARDO  
Address: 1602 N.W. 84 AVE.  
City-St-Zip: MIAMI, FL 33126

Title: S ( ) Delete  
Name: URIBE, GILBERTO  
Address: 1602 N.W. 84 AVE.  
City-St-Zip: MIAMI, FL 33126

Title: T (X) Delete  
Name: OSORIO, JAMES  
Address: 1602 N.W. 84 AVE.  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: URIBE, GILBERTO  
Address: 1411 N.W. 84 AVE.  
City-St-Zip: MIAMI, FL 33126

Title: DR (X) Change ( ) Addition  
Name: URIBE, GILBERTO  
Address: 1602 N.W. 84 AVE.  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERT URIBE

DR

01/06/2004

Electronic Signature of Signing Officer or Director

Date