

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077249

Entity Name: CLINICA DE OCCIDENTE, INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

1411 NW 84 AVE
MIAMI, FL 33126 US

New Principal Place of Business:

1890 BRICKELL AVE # F
MIAMI, FL 33129 US

Current Mailing Address:

1411 NW 84 AVE
MIAMI, FL 33126 US

New Mailing Address:

1890 BRICKELL AVE # F
MIAMI, FL 33129 US

FEI Number: 65-0943947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GILBERT, URIBE
1890 BRICKELL # F
MIAMI, FL 33129 US

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:

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: DR () Delete
Name: URIBE, GILBERTO
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: 1890 BRICKELL AVE # F.
City-St-Zip: MIAMI, FL 33129

Title: DR (X) Change () Addition
Name: URIBE, GILBERTO
Address: 1890 BRICKELL AVE # F.
City-St-Zip: MIAMI, FL 33129

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: GILBERTO URIBE

DR

01/07/2005

Electronic Signature of Signing Officer or Director

Date