

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90031 025 ***150.00

DOCUMENT # P99000079740

1. Entity Name
PROFESSIONAL HEALTH SERVICES OF MIAMI, INC.



Principal Place of Business

**6271 SW 8 ST
MIAMI, FL 33144**

Mailing Address

**6271 SW 8 ST
MIAMI, FL 33144**

94051476



2. Principal Place of Business

6073 NW 167TH

3. Mailing Address

6073 NW 167TH

04072004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

C17

Suite, Apt. #, etc.

C17

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number
65-0948546

Applied For
Not Applicable

Zip

33015

Country

Zip

33015

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERENGUER, ROBERT
16180 S POST RD APT 304
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name **Berenguer, Robert**

Street Address (P.O. Box Number is Not Acceptable)

6073 NW 167TH Ste C17

City **Hialeah**

FL

Zip Code **33015**

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

Berenguer, Robert

04/07/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **BERENGVER, ROBERT**
STREET ADDRESS **16180 S POST RD APT 204**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Berenguer, Robert**
STREET ADDRESS **6073 NW 167TH Ste C17**
CITY-ST-ZIP **Hialeah, FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Berenguer, Robert

04/07/04 (305) 822-9070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #