

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000092169

1. Entity Name
2000 MEDICAL ENTERPRISES INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 AM 11:33

Principal Place of Business
8300 W FLAGLER STREET
SUITE 121
MIAMI, FL 33144

Mailing Address
8300 W FLAGLER STREET
SUITE 121
MIAMI, FL 33144



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

10202004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0957608

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ECHEVARRIA, MIRTHA J
8550 N.W. 3RD LANE #10
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name Jose Alarcon
Street Address (P.O. Box Number is Not Acceptable)
8300 W. Flagler Street, #121
City Miami FL Zip Code 33144

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

Jose Alarcon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME ECHEVARRIA, MIRTHA J
STREET ADDRESS 8550 N.W. 3RD LANE #10
CITY-ST-ZIP MIAMI, FL 33126 ☒ Delete

TITLE VD
NAME SANCHEZ, RAUL
STREET ADDRESS 8961 SW 4TH LANE
CITY-ST-ZIP MIAMI, FL 33174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD
NAME Jose Alarcon ☐ Change ☒ Addition
STREET ADDRESS 8300 W. Flagler Street
CITY-ST-ZIP Miami, Florida 33144

TITLE PD
NAME Santos Sandin ☐ Change ☒ Addition
STREET ADDRESS 8300 W. Flagler Street
CITY-ST-ZIP Miami, Florida 33144

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

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

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

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

400042262504
10/27/04--01069--002 **\$61.25

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:

Jose Alarcon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #