2004 FOR PROFIT CORPORATION

changed, or on an attachment with an address

SIGNATURE:

May 07, 2004 8:00 am Secretary of State **ANNUAL REPORT** ÜÑÝËÓÛÒÌ ý P99000104049 05-07-2004 90129 031 ***150.00 ON-SITE MEDICAL CENTER INC. JIUUUNNN Principal Place of Business Mailing Address 601 SW 123 AVE 601 SW 123 AVE MIAMI, FL 33184 MIAMI, FL 33184 ÝÎ îÛðíì aiðnðí÷ Ò±Ý,¹Æ 04182004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0964511 Not Applicable \$8.75 B 144 7# ¿ 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VERA, YEMILE DO NOT WRITE 601 SW 123 AVE MIAMI, FL 33184 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 OAS P-FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE VERA, YEMILE NAME STREET ADDRESS 601 SW 123 AVE MIAMI, FL 33184 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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

FILED

Daytime Phone #