## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2004 08:00 AM Secretary of State

Daybine Phone #

ANNUAL REPORT				كالمراجع والمسترا		retary o	
DOCUMENT # S45627					Sec	i etai y u	n State
1. Entity Name							
1011121		J. , 1110,					
Principal Place	e of Business	Mailing Address	-			-	
2001 N.E. 48		2001 N.E. 48 COURT					
STE 4 FT. LAUDERD	DALE, FL 33308 US	STE 4 FT. LAUDERDALE, FL 33308	US				
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					OLEBA BILLA BILLA LINIA	(	
DO NOT WRITE IN THIS SPACE			CE	02092004	No Chg-P	CR2E034 (10/	03)
				4. FEI Number		·	Applied For
				65-0255			Not Applicable Additional
				5. Certificate of	of Status Desired	Fee Rec	quired
	5. Name and Address of Curren	t Registered Agent	{		= -		
VALLE, GA	ABRIEL 48 COURT	DO NOT WRITE					
STE 4		IN THIS SPACE					
FT. LAUDERDALE, FL 33308				114 1	1110 01	AUL	: -
6 The share	named antity submits this statement	or the aurence of charging its register	rod office or regular		n in the Chate of Ele	rido I am familias	with and accept
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. Jam familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature Typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signalure required when registered agent and title if applicable.							
	Signature Aybed or privated name or registered ager	R and title it applicable. UVO E. Register	str videur aldustrinie i edmini	Milet Hindsom (1)	<u> </u>		
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICERS AN		<del></del>	_=		<del></del>	<u> </u>
TITLE	Р	J DIRECTORS					
NAME STREET ADDRESS	VALLE, GABRIEL A., M.D. 2001 NE 48 CT STE 4						
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		<u> </u>		00000U 00/11/04	10056730 1-80031 <i>-</i> 023	3 150.00
TITLE	V BEJAR, CARLOS MD				OKY TOVON	. 00001	
NAME STREET ADDRESS	2001 NE 48 CT	-					
CITY+SY-ZIP	FORT LAUDERDALE, FL 3330	8	_				
title Name							
STREET ADDRESS CITY-ST-ZIP			Į.	DO	<b>NOT W</b>	RITE	
TITLE				**	THIS SE		
NAME OXDERT ARROSON			1	IIV I		MUL	
STREET ADDRESS CITY-ST-ZIP			<b>!</b>	.=			
TITLE			1				
NAME STREET ADDRESS							
CITY-ST-ZIP			4		•		
TITLE NAME			1				
STREET ADDRESS			ł				
CITY-ST-ZIP	certify that the information supplied w	th this filing does not qualify for the ex	emption stated in Sa	ection 119.07(3)/3	\ Florida Statuton	I further certify that	the information
indicated	l on this report or supplemental report	th this filling does not qualify for the exi is true and accurate and that my signa powered to execute this report as requ	ature shall have the	same legal effect	t as if made under	oath, that I am an o	fficer ar director
changed	, or on an attachment with an address	, with all other like empowered.	/		1 1	/ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR