

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58268

FILED  
May 18, 2004  
Secretary of State

Entity Name: COMMUNITY MEDICAL INC.

## Current Principal Place of Business:

5040 NW 7 STREET  
STE 822  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

5040 NW 7 STREET  
STE 822  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 65-0372165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MARTINEZ, LAZARO  
5040 NW 7 ST STE 822  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

FELIU, MAIRENA  
5040 NW 7 ST STE 822  
MIAMI, FL 33126 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: MAIRENA DE LA CARIDAD FELIU

05/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTINEZ, LAZARO  
Address: 5040 NW 7 ST STE 822  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: FELIU, MAIRENA  
Address: 5040 NW 7 ST STE 822  
City-St-Zip: MIAMI, FL 33126 US

Title: VP ( ) Change (X) Addition  
Name: MARTINEZ, LAZARO  
Address: 5040 NW 7TH STREET  
City-St-Zip: MIAMI, FL 33126 US

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: MAIRENA DE LA CARIDAD FELIU

P

05/18/2004

Electronic Signature of Signing Officer or Director

Date