


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 672662

1. Entity Name
 STAT MEDICAL CLINIC, INC.



Principal Place of Business
 12302 N E 6TH AVENUE
 N MIAMI, FL 33161

Mailing Address
 12302 N E 6TH AVENUE
 N MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2006392

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STACHEWITSCH, MONIQUE
 12302 NE 6TH AVE
 NORTH MIAMI, FL 33161

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VP STACHEWITSCH, MARC 12302 N.E. 6TH AVE. N. MIAMI, FL. 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STACHEWITSCH, ANDRE 12302 N.E. 6TH AVE. N. MIAMI, FL. 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STACHEWITSCH, MONIQUE 12302 N.E. 6TH AVE. N. MIAMI, FL. 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/05/04-80031-018 150.00

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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: _____ Date: 3/2/04 (305) 893-7698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRE STACHEWITSCH