2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004
Secretary of State

DOCUMENT# L32752

Entity Name: ALL CARE HEALTH AND WELLNESS CENTERS, P.A.

Current Principal Place of Business:

2230 NE 123RD STREET
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

2230 NE 123RD STREET
NORTH MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 65-0159415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GETTIS, DEAN M
11900 BISCAYNE BLVD.
SUITE 507
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KERN, BRAD
Address: 2230 NE 123RD STREET
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BRAD KERN PD 09/21/2004

Electronic Signature of Signing Officer or Director Date