

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 31, 2005
Secretary of State**

DOCUMENT# N03000007269

Entity Name: SOUTH FLORIDA ECHO SOCIETY, INC

Current Principal Place of Business:

1000 NW 9TH COURT
SUITE 201
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1000 NW 9TH COURT
SUITE 201
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORIYON, LUIS
800 MEADOWS ROAD
ATTN: ECHO LAB
BOCA RATON, FL 33486 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BRODSKY, CRAIG M MD
Address: 1000 NW 9TH COURT
City-St-Zip: BOCA RATON, FL 33486 US

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

Title: DVP () Delete
Name: MORIYON, LUIS
Address: 1000 NW 9TH COURT
City-St-Zip: BOCA RATON, FL 33486

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

Title: DT () Delete
Name: KEITH, KAREN
Address: 1000 NW 9TH COURT
City-St-Zip: BOCA RATON, FL 33486

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG M BRODSKY, MD

DP

08/31/2005

Electronic Signature of Signing Officer or Director

Date