2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# P95000048797

Entity Name: FLORIDA PROFESSIONAL HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

801 MADRID STREET
201
COARL GABLES, FL 33134 US

New Principal Place of Business:

801 MADRID STREET
201
CORAL GABLES, FL 33134 US

Current Mailing Address:

P.O. BOX 144920
CORAL GABLES, FL 331144920 US

New Mailing Address:

FEI Number: 65-0589481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIEZ, ARMANDO P
1911 SW 36 AVENUE
MIAMI, FL 33145

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DIEZ, ARMANDO P
Address: 1911 S.W. 36 VAE
City-St-Zip: MIAMI, FL 33145

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: ARMANDO P. DIEZ PRES 01/07/2004

Electronic Signature of Signing Officer or Director Date