


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91022 013 ***150.00

DOCUMENT # P97000053686

1. Entity Name
RAVE MANAGEMENT, INC.



Principal Place of Business Mailing Address


512 SOUTH NOKOMIS AVENUE **512 SOUTH NOKOMIS AVENUE**
VENICE, FL 34285 **VENICE, FL 34285**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04152004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0770413 Not Applicable

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

6. Name and Address of Current Registered Agent

SAVOCA, CHARLES J M.D.
512 SOUTH NOKOMIS AVENUE
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 *Charles Savoca* DATE 4/26/04

Signature, typed or printed name of registered agent and file if applicable. 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	D SAVOCA, CHARLES J M.D. <input type="checkbox"/> Delete 512 SOUTH NOKOMIS AVENUE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGA, MELECITO M.D. <input type="checkbox"/> Delete 512 SOUTH NOKOMIS AVENUE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, JR., JOHN A M.D. <input type="checkbox"/> Delete 512 SOUTH NOKOMIS AVENUE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIHLEN, ERIC M.D. <input type="checkbox"/> Delete 512 SOUTH NOKOMIS AVENUE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERQUIAGA, EUGENIO M.D. <input type="checkbox"/> Delete 512 SOUTH NOKOMIS AVENUE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, GARY D <input type="checkbox"/> Delete 512 S NOKOMIS AVE VENICE, FL 34285

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sergio Selva, M. D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 512 S. Nokomis Avenue Venice, FL, 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillip Mihm, M. D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 512 S. Nokomis Avenue Venice, FL. 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles Savoca* DATE 4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #