


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90123 028 ***150.00

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DOCUMENT # P97000053686					
1. Entity Name RAVE MANAGEMENT, INC.					
Principal Place of Business 512 SOUTH NOKOMIS AVENUE VENICE, FL 34285			Mailing Address 512 SOUTH NOKOMIS AVENUE 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
02182005				Chg-P	
CR2E034 (10/03)				4. FEI Number 65-0770413	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAVOCA, CHARLES J M.D. 512 SOUTH NOKOMIS AVENUE VENICE, FL 34285				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 <i>Charles Savoca</i> DATE <i>3/14/05</i>					
Signature, typed or printed name of registered agent, or both, as applicable. (NOTE: Registered Agent signature required when reinstating)					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Sergio Selva, VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVOCA, CHARLES J M.D.		NAME	512 S. Nokomis Avenue	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE		STREET ADDRESS	Venice, Fl. 34285	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Phillip Mihm, VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGA, MELECITO M.D.		NAME	512 S. Nokomis Avenue	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE		STREET ADDRESS	Venice, Fl. 34285	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, JR., JOHN A M.D.		NAME		
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIHLEN, ERIC M.D.		NAME		
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERQUIAGA, EUGENIO M.D.		NAME		
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GARY D		NAME		
STREET ADDRESS	512 S NOKOMIS AVE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
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: <i>Charles Savoca</i> DATE: <i>3/14/05</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					