2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000087845

1. Entity Name
THE HEALTH RIGHTS MOVEMENT, INC.

Principal Place of Business	Mailing Address
2785 NE 183RD STREET	2785 NE 183RD STREET
AVENTURA, FL 33160	AVENTURA, FL 33160

94079474

04262004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

DICOWDEN, MARIE A PH.D.
2785 NE 183RD STREET
AVENTURA, FL 33160

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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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	D
NAME	DICOWDEN, MARIE A PH.D.
STREET ADDRESS	2785 NE 183RD STREET
CITY-ST-ZIP	AVENTURA, FL 33160

TITLE	
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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: _Marie A. DiBrghin, PhD_   _4-29-04_   _305-932-8994_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #