

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M59036

**FILED**  
**Jul 02, 2004**  
**Secretary of State**

**Entity Name:** THE BISCAYNE INSTITUTES FOR HEALTH AND LIVING, INC.

**Current Principal Place of Business:**

2785 NE 183 ST  
20801 BISCAYNE BLVD.,STE.307  
MIAMI, FL 33160 US

**New Principal Place of Business:**

2785 NE 183RD STREET  
MIAMI, FL 33160 US

**Current Mailing Address:**

2785 NE 183RD ST  
MIAMI, FL 33160 US

**New Mailing Address:**

**FEI Number:** 65-0003906      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LICKSTEIN, FRED K  
100 SE 2ND ST., 17TH FLOOR  
MIAMI, FL 33131 US

**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: PSTD ( ) Delete  
Name: DI COOWDEN, MARIE A. PH.D.  
Address: 2785 NE 183 ST  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: DI COWDEN, MARIE A PH.D.  
Address: 2785 NE 183RD STREET  
City-St-Zip: AVENTURA, FL 33160

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: MARIE A. DI COWDEN, PH.D.

P

07/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date