

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 579111

FILED
Jan 19, 2004
Secretary of State

Entity Name: WILLIAM S. SEFLOW, D.C., P.A.

Current Principal Place of Business:

16101 NE 11TH CT
NO MIAMI BCH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16101 NE 11TH CT
NO MIAMI BCH, FL 33162

New Mailing Address:

FEI Number: 59-1839455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEFLOW, WILLIAM S DR.
16101 N.E. 11TH COURT
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

CENTER FOR HOLISTIC HEALTH CARE
16101 N.E. 11TH COURT
N/A
NORTH MIAMI BEACH, FL 33162 US

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: WILLIAM S. SEFLOW

01/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEFLOW, WILLIAM S DR.
Address: 16101 N.E. 11TH COURT
City-St-Zip: NORTH MIAMI BCH, FL 33162

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: WILLIAM SEFLOW

PRES

01/19/2004

Electronic Signature of Signing Officer or Director

Date