

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601327

FILED
Mar 12, 2004
Secretary of State

Entity Name: NILE R. LESTRANGE, M.D., P.A.

Current Principal Place of Business:

1600 S FEDERAL HWY
TENTH FL
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

1600 S FEDERAL HWY
10TH FL
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 59-1269793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRORY, J. WALTER
1512 EAST BROWARD BLVD., SUITE 200
FT. LAUDERDALE, FL 33301 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: PST () Delete
Name: LESTRANGE, NILE R., M.D.
Address: 1600 S FEDERAL HWY 10TH FLOOR
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: LESTRANGE, NILE R., M.D.
Address: 1600 S FEDERAL HWY 10TH FLOOR
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NILE R LESTRANGE

PST

03/12/2004

Electronic Signature of Signing Officer or Director

Date