2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# F95000005360

Entity Name: BOSLEY MEDICAL INSTITUTE, INC.

Current Principal Place of Business:

9100 WILSHIRE BLVD
EAST TOWER PENTHOUSE
BEVERLY HILLS, CA 90212 US

New Principal Place of Business:

Current Mailing Address:

9100 WILSHIRE BLVD
EAST TOWER PENTHOUSE
BEVERLY HILLS, CA 90212 US

New Mailing Address:

FEI Number: 95-4233663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	PCEO	( ) Delete
Name:	OHANESIAN, JOHN R	
Address:	9100 WILSHIRE BLVD. EAST TOWER PENTHOUSE	
City-St-Zip:	BEVERLY HILLS, CA	
Title:	SVP	( ) Delete
Name:	MARKARIAN, ARMEN	
Address:	9100 WILSHIRE BLVD., EAST TOWER PENTHOUSE	
City-St-Zip:	BEVERLY HILLS, CA 90212	
Title:	CFO	( ) Delete
Name:	KATZ, DAVID A	
Address:	9100 WILSHIRE BLVD., EAST TOWER PENTHOUSE	
City-St-Zip:	BEVERLY HILL, CA	
Title:	SEC	( ) Delete
Name:	AULL, ROGER	
Address:	9100 WILSHIRE BLVD E TOWER PENTHOUSE	
City-St-Zip:	BEVERLY HILLS, CA 90212	
Title:	D	( ) Delete
Name:	WATABE, NOBUO	
Address:	10 W 55TH STREET	
City-St-Zip:	NEW YORK, NY 10019	
Title:	D	( ) Delete
Name:	OKAMOTO, TAKAYOSHI	
Address:	10 W 55TH STREET	
City-St-Zip:	NEW YORK, NY 10019	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DAVID A. KATZ CFO 04/19/2004

Electronic Signature of Signing Officer or Director — Date