2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

DOCUMENT# F98000006195

Entity Name: HOSPITAL WITHOUT WALLS, INC.

Current Principal Place of Business:

1501 CORPORATE DRIVE, SUITE 230
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1501 CORPORATE DRIVE, SUITE 230
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-7870664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, DAVID
1501 CORP DR
STE 230
BOYNTON BEACH, FL 33426

Name and Address of New Registered Agent:

LEE, KENNETH
1501 CORP DR
STE 230
BOYNTON BEACH, FL 33426

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: KENNETH LEE 01/23/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEE, KENNETH PHARMD
Address: 1501 CORPORATE DRIVE, SUITE 240
City-St-Zip: BOYNTON BEACH, FL 33426

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: KENNETH LEE P 01/23/2004
Electronic Signature of Signing Officer or Director Date