2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)								FILED				
DOCUMENT # J61746 1. Entity Name							Feb 18, 2004 08:00 AM Secretary of State					
FLORIDA PROFESSIONAL MANAGEMENT, INC.								500	i ctai y	01 50	att	
Principal Plac	e of Busines	s	Mailing	g Address		1						
550 NE 14TH STREET BOCA RATON FL 33432 US				550 NE 14TH STREET BOCA RATON FL 33432 US				: F###((# # # #2) # \$ #]) ##	I MININ MIII NIMI NIMIN	(1) (1) (1) (1) (1) (1) (1) (1)	E?R))WBI JI JWWJ	
2. Principal F	Place of Busin	ness	3. Mail	3. Mailing Address								
Suite, Apt.				Suite, Apt. #, etc.				MOORE	CR2E03	34 (11/03)		
City & State				City & State			4. F	El Number 59-2777	804	1	Applied For Not Applicable	
Zip	Country 6. Name and Address of Current			Zip Cour		ntry	1	Pertificate of Status Desir		\$8.75 Ac Fee Requir		
	o. Name	and Address of Curre	nt Hegistere	a Agent		Name	7. Ņ	lame and Address of N	w Registered	i Agent		
550	N BLOIS, NE 14Th	∃ ST			Street Address	iress (P.O. Box Number is Not Acceptable)						
BOC	JA HATO	N FL 33432					•					
						City			F	L Zip Co	de	
8. 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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE												
F	······	!! FEE (\$ \$150.00	Vice of the it appli	Lable. (NOT	C Megistere	a Agent signature required	a when re		DATE			
Afte	r May 1, 20	04 Fee will be \$550. 0 o Florida Department						 Election Campaig Trust Fund Contri 	•	\$5. □ Adde	00 May Be ed to Fees	
10.		OFFICERS AN		RS	11.		ADI	DITIONS/CHANGES TO	OFFICERS AN	ND DIRECTO	RS IN 11	
TITLE	Р			☐ Delete	TITLE	E				☐ Change		
NAME EXECUT ADDRESS	VAN BLOIS, NELLY SEO NE 14TH ST					i		Hoon	On affirmation			
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NAME	VAN BLOI	S, JOHN P			NAM	•				onange		
STREET ADDRESS CITY-ST-7IP	550 NE 14TH ST BOCA RATON FL 33432					ET ADDRESS						
TITLE	BOCA HATON FL 33432				_	-ST-ZIP						
NAME				L.J Delete	TITU	1				Change	■ Addition	
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NAME STREET ADDRESS					NAM	ET ADDRESS						
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TITLE				☐ Delete	TITLE				·	☐ Change	Addition	
NAME					NAMI	Ε					<u></u>	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
12. I hereby o	ertify that the	e information supplied w	rith this filing o	does not qualify for	the ever	motion stated in Se	action 1	19.07(3)(i) Florida Statu	es I further o	ertify that the	information	
12. I hereby certify that the information supplied with this filing does not quality 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: Jak Ungle VOIN P. VANBLOS 2/4/05 561-361-1165												

TOPON P. VANBLOSS 2/4/