## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # K21016 1. Entity Name 04-29-2004 90237 043 \*\*\*150 00 R.L. WESTBERRY, PH.D., PA Principal Place of Business Mailing Address % R. L. WESTBERRY 3470 NE 17TH WAY FT LAUDERDALE FL 33334 % R. L. WESTBERRY 3470 NE 17TH WAY 240/1728 FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0039807 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WESTBERRY, R. L. Street Address (P.O. Box Number is Not Acceptable) 3470 NE 17TH WAY FT LAUDERDALE FL 33334 City Zip Code 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 agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 -11. វាඥ Delete TITLE ☐ Change ☐ Addition WESTBERRY, RICHARD L. NAME NAME 3470 NE 17TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME WESTBERRY, LYNNE NAME STREET ADDRESS 3470 NE 17TH WAY STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete THIE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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: Medan / Whithery, Ph.O., President

**FILED**