

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97771

FILED
Feb 21, 2004
Secretary of State

Entity Name: CENTER FOR MANUAL MEDICINE, INC.

Current Principal Place of Business:

190 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

3140 NE 165 STREET
N MIAMI BEACH, FL 33160

Current Mailing Address:

190 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025

New Mailing Address:

3140 NE 165 STREET
N MIAMI BEACH, FL 33160

FEI Number: 65-0138576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANNI, STEVEN
190 S. UNIVERSITY DR.
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

VANNI, STEVEN DR.
3140 NE 165 STREET
N MIAMI BEACH, FL 33160 US

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: DR. STEVEN VANNI

02/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: VANNI, STEVEN,
Address: 190 S. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL

Title: ST () Delete
Name: VANNI, STEVEN,
Address: 190 S. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: VANNI, SILVIA
Address: 190 S. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: VANNI, STEVEN,
Address: 3140 NE 165 STREET
City-St-Zip: N MIAMI BEACH, FL 33160 US

Title: ST (X) Change () Addition
Name: VANNI, STEVEN,
Address: 3140 NE 165 STREET
City-St-Zip: N MIAMI BEACH, FL 33160 US

Title: D (X) Change () Addition
Name: VANNI, SILVIA
Address: 3140 NE 165 STREET
City-St-Zip: N MIAMI BEACH, FL 33160 US

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: DR. STEVEN VANNI

PV

02/21/2004

Electronic Signature of Signing Officer or Director

Date