

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M24786

FILED  
Apr 09, 2004  
Secretary of State

Entity Name: STRATEGIC HEALTH DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

9501 NE 2ND AVENUE  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

9501 NE 2ND AVENUE  
MIAMI SHORES, FL 33138

**New Mailing Address:**

FEI Number: 59-2626367      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, JAMES M.  
801 BRICKELL AVENUE  
24TH FLOOR  
MIAMI, FL 33131

**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: ST ( ) Delete  
Name: KARNIEWICZ, CYNTHIA, L.  
Address: 1008 PINE BRANCH DRIVE  
City-St-Zip: FT. LAUDERDALE, FL

Title: C ( ) Delete  
Name: KARNIEWICZ, ALFRED J, R.  
Address: 1008 PINE BRANCH DRIVE  
City-St-Zip: FT. LAUDERDALE, FL

Title: P ( ) Delete  
Name: WALLBANK, NIGEL,  
Address: 3 GROVE ISLE DRIVE C1703  
City-St-Zip: MIAMI, FL 33133

**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:

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: ALFRED J. KARNIEWICZ, JR

CEO

04/09/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date