

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M41267

FILED
Jan 19, 2004
Secretary of State

Entity Name: KENDALL OAKS PROFESSIONAL CENTER, INC.

Current Principal Place of Business:

6401 SW 87 AVE
SUITE 212
MAIMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

6401 SW 87 AVE
SUITE 212
MAIMI, FL 33173 US

New Mailing Address:

FEI Number: 59-2745328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDOW, HOWARD B
842 BLACKBIRD COURT
ROCKLEDGE, FL 32955

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: DT () Delete
Name: MCKEAN, RANDOLPH A
Address: 6401 SW 87 AVE., SUITE 212
City-St-Zip: MIAMI, FL 33173

Title: PD () Delete
Name: DAVIDOW, HOWARD B
Address: 842 BLACKBIRD CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: SCHWARTZ, BEN
Address: 4600 OLYMPIC WAY
City-St-Zip: EVERGREEN, CO 80439

Title: VPD () Delete
Name: KEEN, JAMES W
Address: 14945 NW 25TH COURT
City-St-Zip: MIAMI, FL

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:

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: RANDOLPH A MCKEAN

DT

01/19/2004

Electronic Signature of Signing Officer or Director

_____ Date