2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# M59036

Entity Name: THE BISCAYNE INSTITUTES FOR HEALTH AND LIVING, INC.

Current Principal Place of Business:

2785 NE 183 ST
20801 BISCAYNE BLVD.,STE.307
MIAMI, FL 33160 US

New Principal Place of Business:

2785 NE 183RD STREET
MIAMI, FL 33160 US

Current Mailing Address:

2785 NE 183RD ST
MIAMI, FL 33160 US

New Mailing Address:

FEI Number: 65-0003906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LICKSTEIN, FRED K
100 SE 2ND ST., 17TH FLOOR
MIAMI, FL 33131 US

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: PSTD ( ) Delete
Name: DI COOWDEN, MARIE A. PH.D.
Address: 2785 NE 183 ST
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: DI COWDEN, MARIE A PH.D.
Address: 2785 NE 183RD STREET
City-St-Zip: AVENTURA, FL 33160

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: MARIE A. DI COWDEN, PH.D. P 07/02/2004

Electronic Signature of Signing Officer or Director Date