

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81441

FILED
Mar 30, 2004
Secretary of State

Entity Name: BOCA RATON HEALTH CENTER, INCORPORATED

Current Principal Place of Business:

2220 N. FEDERAL HWY.
BOCA RATON, FL 33431

New Principal Place of Business:

1388 NW BOCA RATON BLVD. (NW 2ND AVE.)
SUITE 2
BOCA RATON, FL 33432 US

Current Mailing Address:

2220 N. FEDERAL HWY.
BOCA RATON, FL 33431

New Mailing Address:

1388 NW BOCA RATON BLVD. (NW 2ND AVE.)
SUITE 2
BOCA RATON, FL 33432 US

FEI Number: 65-0046809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUIRE, JAMES JOSEPH
2220 N. FEDERAL HWY
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MAGUIRE, JAMES J DPT
1388 NW BOCA RATON BLVD. (NW 2ND AVE.)
SUITE 2
BOCA RATON, FL 33432 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: JAMES J. MAGUIRE

03/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MAGUIRE, JAMES JOSEPH
Address: 2220 N. FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MAGUIRE, JAMES J DPT
Address: 1388 NW BOCA RATON BLVD. (NW 2ND AVE.)
City-St-Zip: BOCA RATON, FL 33432 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: JAMES J. MAGUIRE

DPT

03/30/2004

Electronic Signature of Signing Officer or Director

Date