## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001392

FILED Apr 30, 2004 Secretary of State

Entity Na	me: FLHS AR	TS, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
SUITE 528	VIEW DRIVE 3 JDERDALE, FL	. 33304				
Current Mailing Address:				New Mailing Address:		
SUITE 528	VIEW DRIVE 3 UDERDALE, FL	33304				
FEI Number	: 65-0990388	FEI Number Applied For ( )	FEI Numb	er Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1212 SOU FORT LAU	•	. 333161802 US				
	e named entity s e of Florida.	ubmits this statement for the	purpose of o	changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SIMKOWITZ, LO 1040 BAYVIEW	Delete DREN DR. DRIVE SUITE 528 DALE, FL 33304	N A	itle: lame: .ddress: city-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KENNY, ELIZAE 1040 BAYVIEW	Delete ETH DRIVE SUITE 528 DALE, FL 33304	N A	itle: lame: .ddress: city-St-Zip:	( ) Change ( ) Addition	
Title: Name:	CARTER, THEO	Delete DORE DRIVE SHITE 528	N	itle: lame:	( ) Change ( ) Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DR. LOREN SIMKOWITZ 04/30/2004 D

FORT LAUDERDALE, FL 33304

City-St-Zip: