

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004292

FILED
Mar 03, 2004
Secretary of State**Entity Name:** MD'S 4CURE ORGANIZATION CORP.**Current Principal Place of Business:**17920 SW 89 AVE
MIAMI, FL 33157**New Principal Place of Business:****Current Mailing Address:**17920 SW 89 AVE
MIAMI, FL 33157**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NOGUES, LISETTE M
17920 SW 89 AVENUE
MIAMI, FL 33157 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOGUES, LISETTE
Address: 17920 SW 89 AVE
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: HAZOURY, KHALIL
Address: 17920 SW 89 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: BARBIC, JEANETE
Address: 8501 SW 126 TERRACE
City-St-Zip: MIAMI, FL 33156

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

SIGNATURE: LISETTE NOGUES

PRES

03/03/2004

Electronic Signature of Signing Officer or Director

Date