## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jul 26, 2004 8:00 am Secretary of State

07-26-2004 90012 015 \*\*\*\*70.50

L	JOCUMEN	П	# N03000007269
	Carlos Manage		

1. Entity Name SOUTH FLORIDA ECHO SOCIETY, INC.



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Principal Place 1000 NW 9TH SUITE 201	HI COURT <sup>©</sup>	Mailing Address 1000 NW 9TH COURT SUITE 201 BOCA RATON, FL 3348	۵		44050	036		
BOCA RATON	, FL 33486	DOCA RATON, FL 3346	0					
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt.	#, etc. 1	Suite, Apt. #, etc.		07122004 C	hg-NP	CR2E03	7 (10/03)	
City & State	9 ;	City & State		4. FEI Number	<u></u>			plied For
Zip	Country	Zip	Country	5Certificate of S	tatus Desired		\$8.75 Add	litional
	6. Name and Address of Current	t Registered Agent		7. Name and Add	iress of New R	egistered A	gent	
MORIYON	LUIS		Name					
	OWS ROAD		Street Address	(P.O. Box Number is	Not Acceptable	:)		
	ΓON, FL 33486							
			City			FL	Zip Code	Э
	named entity submits this statement fi	or the purpose of changing its i	registered office or regist	ered agent, or both, in	the State of Flo	rida. Lam f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating)		DATE		
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<b>D</b> :	ue by September 8, 2004 OFFICERS AND D	Trust Fund C		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori	ida Depari	ment of St	ate
10.	ue by September 8, 2004 OFFICERS AND D DP	Trust Fund C	antribution.	Added to Fees	Flori	ida Depari	ment of St	ate
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10. TITLE NAME	DP BRODSKY, CRAIG M MD 1000 NW 9TH COURT BOCA RATON, FL 33486	Trust Fund C	antribution.   11.  TITLE  NAME	Added to Fees	Flori	ida Depari	RECTORS IN	10
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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Craig Uraig	MBrowky MD
NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	d

7(12/04

(541)86-8628

Daytime Phone #