2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N51036

Entity Name: SOUTH FLORIDA JAZZ, INC.

Current Principal Place of Business:

10460 KESTREL ST.
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

7860 PETERS ROAD
STE F-110
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 65-0362690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, ALAN B.
3230 STIRLING ROAD
SUITE 1A
HOLLYWOOD, FL 33021 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:	TD	( ) Delete
Name:	SCHNEIDER, JOEL A. M, D	
Address:	21050 POINT PLACE, SUITE 705	
City-St-Zip:	AVENTURA, FL 33080 US	
Title:	PD	( ) Delete
Name:	WEBER, RONALD B. M.D.	
Address:	10460 KESTREL ST.	
City-St-Zip:	PLANTATION, FL 33324	
Title:	VPD	( ) Delete
Name:	SEROTTA, RICHARD	
Address:	12390 NE 13TH PLACE	
City-St-Zip:	NORTH MIAMI, FL 33161	
Title:	SD	( ) Delete
Name:	CLARK, RALPH	
Address:	20160 NE 3RD COURT, #2	
City-St-Zip:	MIAMI, FL 33179	

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:	
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: JOEL A. SCHNEIDER M.D. TD 04/28/2005

Electronic Signature of Signing Officer or Director — Date