


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90037 035 ****61.25

DOCUMENT # N94000003033 1. Entity Name NEXT STEP INSTITUTE OF INTEGRATIVE MEDICINE, INC.					
Principal Place of Business 1051 PORT MALABAR ROAD, N.E. SUITE 3 PALM BAY, FL 32905 US			Mailing Address 1051 PORT MALABAR ROAD, N.E. SUITE 3 PALM BAY, FL 32905 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3256352	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OEHLER, KIM 1051 PORT MALABAR BLVD. N.E. SUITE 3 PALM BAY, FL 32905					
7. Name and Address of New Registered Agent Name Lisa B. Stanley Street Address (P.O. Box Number is Not Acceptable) 1051 Port Malabar Blvd NE #6 City Palm Bay FL 32905					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Lisa B Stanley</i></u> DATE <u>2/9/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	WEISS, MARY C				
STREET ADDRESS	1051 PT MALABAR BLVD NE SUITE 3				
CITY-ST-ZIP	PALM BAY, FL 32905				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	DEMPSEY, FIONA				
STREET ADDRESS	%1051 PORT MALABAR BLVD., N.E., SUITE 6				
CITY-ST-ZIP	PALM BAY, FL 32905				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	KAPLAN, SCOTT PSY.D.				
STREET ADDRESS	1581 ROBERT J. CONLON BLVD., N.E., #101				
CITY-ST-ZIP	PALM BAY, FL 32905				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	MITCHELL, GEORGE D.O.				
STREET ADDRESS	13855 U.S. HWY. 1, SUITE 4				
CITY-ST-ZIP	SEBASTIAN, FL 32958				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	BAILEY, DOUGLAS FATHER				
STREET ADDRESS	%CAMPUS MINISTRY, 150 W. UNIVERSITY BLVD.				
CITY-ST-ZIP	MELBOURNE, FL 32901				
TITLE	T <input checked="" type="checkbox"/> Delete				
NAME	OEHLER, KIM				
STREET ADDRESS	1051 PT MALABAR BLVD NE, STE 3				
CITY-ST-ZIP	PALM BAY, FL 32905				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Weiss, Gary M., M.D.				
STREET ADDRESS	1051 Port Malabar Blvd NE #6				
CITY-ST-ZIP	Palm Bay, FL 32905				
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Newberry, m. Jordan				
STREET ADDRESS	240 Bay Tree Lane				
CITY-ST-ZIP	Palm Bay, FL 32909				
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Brown, Erin				
STREET ADDRESS	3705 Eagle Way				
CITY-ST-ZIP	Melbourne, FL 32934				
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Stanley, Lisa B.				
STREET ADDRESS	1051 Port Malabar Blvd NE #6				
CITY-ST-ZIP	Palm Bay, FL 32905				
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Kaufmann, Regina M.D.				
STREET ADDRESS	7125 Murrell Road				
CITY-ST-ZIP	Viera, FL 32980				
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.					
SIGNATURE: <u><i>[Signature]</i></u> 2/9/2004 321-727-9063 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					