

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058859

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: SOUTH BEACH ATRIUM, INC.

## Current Principal Place of Business:

6538 COLLINS AVENUE  
#211  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

844 ALTON ROAD  
2ND FLOOR  
MIAMI BEACH, FL 33139

## Current Mailing Address:

6538 COLLINS AVENUE  
#211  
MIAMI BEACH, FL 33141

## New Mailing Address:

844 ALTON ROAD  
2ND FLOOR  
MIAMI BEACH, FL 33139

FEI Number: 65-1024971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STERN, MICHAEL  
5774 PINE TREE DRIVE  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

KALIL, ABDALA  
844 ALTON ROAD  
MIAMI BEACH, FL 33139 US

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: ABDALA KALIL, M.D.

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KALIL, ABDALA  
Address: 844 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VST (X) Delete  
Name: STERN, MICHAEL  
Address: 5774 PINE TREE DR  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: KALIL, ABDALA  
Address: 844 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

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

SIGNATURE: ABDALA KALIL, M.D.

P

04/13/2004

Electronic Signature of Signing Officer or Director

Date