

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117544

FILED
Jan 09, 2004
Secretary of State

Entity Name: FRONTIERS OF HEALTH, INC.

Current Principal Place of Business:

50 WATER RIDGE COURT
DANA POINT, CA 92629

New Principal Place of Business:

1600 LINCOLN VILLAGE CIRCLE
#2318
LARKSPUR, CA 94939

Current Mailing Address:

50 WATER RIDGE COURT
DANA POINT, CA 92629

New Mailing Address:

1600 LINCOLN VILLAGE CIRCLE
#2318
LARKSPUR, CA 94939

FEI Number: 65-1062221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, ELLIOT
3405 NW 9 AVENUE
SUITE 1201
FT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAGE, CHRISTINE
Address: 50 WATER RIDGE COURT
City-St-Zip: DANA POINT, CA 92629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PAGE, CHRISTINE
Address: 1600 LINCOLN VILLAGE CIRCLE #2318
City-St-Zip: LARKSPUR, CA 94939

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: C R PAGE

D

01/09/2004

Electronic Signature of Signing Officer or Director

Date