

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003250

FILED  
Jan 16, 2004  
Secretary of State

Entity Name: BRANDON INTEGRATED HEALTHCARE CLINICS, INC.

**Current Principal Place of Business:**

804 W. BLOOMINGDALE AVE.  
BRANDON, FL 33511

**New Principal Place of Business:**

804 W. BLOOMINGDALE AVE.  
SUITE 2  
BRANDON, FL 33511 US

**Current Mailing Address:**

804 W. BLOOMINGDALE AVE.  
BRANDON, FL 33511

**New Mailing Address:**

804 W. BLOOMINGDALE AVE.  
SUITE 2  
BRANDON, FL 33511 US

FEI Number: 59-3209326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIKOS, CYNTHIA A ESQ.  
205 NORTH PARSONS AVE.  
STE. A  
BRANDON, FL 335104515 US

**Name and Address of New Registered Agent:**

GENDREAU, CAROLYN J D.C.  
2336 EAGLE BLUFF DR.  
VALRICO, FL 33594 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: CAROLYN J. GENDREAU, D.C.

01/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: GENDREAU, CAROLYN J  
Address: 4024 QUAIL BRIAR BLVD.  
City-St-Zip: VALRICO, FL 335946330

Title: VT ( ) Delete  
Name: GUINTA, DINA D  
Address: 4024 QUAIL BRIAR DR  
City-St-Zip: VALRICO, FL 335946330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: GENDREAU, CAROLYN J  
Address: 2336 EAGLE BLUFF DR.  
City-St-Zip: VALRICO, FL 33594 US

Title: VT (X) Change ( ) Addition  
Name: GUINTA, DINA D  
Address: 2336 EAGLE BLUFF DR.  
City-St-Zip: VALRICO, FL 33594 US

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: CAROLYN J. GENDREAU, D.C.

PS

01/16/2004

Electronic Signature of Signing Officer or Director

Date