



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90163 028 ***158.75

DOCUMENT # P01000065538					
1. Entity Name EXCLUSIVE HEALTH CENTER, CORP.					
Principal Place of Business 95 GRAND CANAL DRIVE STE 400 MIAMI, FL 33144			Mailing Address 95 GRAND CANAL DRIVE STE 400 MIAMI, FL 33144		
2. Principal Place of Business 1221 SW 134 AVE		3. Mailing Address P.O. Box 440621			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami FL			
Zip 33184		Country USA		04292004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1117667		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PINON, CARMEN R 85 GRAND CANAL DRIVE STE 400 MIAMI, FL 33144			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete PINON, CARMEN R 85 GRAND CANAL DRIVE STE 400 MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1221 S.W. 134 AVE Miami, FL 33184	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: X Carmen Pinon			Date 4/29/04 Daytime Phone # (786) 275-9996		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					