



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91030 035 ***150.00

DOCUMENT # P01000080309			
1. Entity Name AURORA HEALTHCARE, INC.			
Principal Place of Business 3510 N. 55TH AVENUE HOLLYWOOD, FL 33021		Mailing Address 3510 N. 55TH AVENUE HOLLYWOOD, FL 33021	
2. Principal Place of Business 6365 Loft St Suite, Apt. #, etc. # 3001		3. Mailing Address 6365 Loft St Suite, Apt. #, etc. # 3001	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33024	Country Blower	Zip 33024	Country Blower
6. Name and Address of Current Registered Agent SOLOMON, FRANCES 8400 SW 28TH DAVIE, FL 33328		7. Name and Address of New Registered Agent Name Frances Solomon Street Address (P.O. Box Number is Not Acceptable) 8400 SW 28th St. City Davie FL Zip Code 33328	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (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	P KOLT, DAN 3510 N 55TH AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dan Kott 10380 NW 19th Plantation FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOLT, DARLENE 3510 N 55TH AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Darlene Kott 10380 NW 19th Plantation FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 4/9/04 Daytime Phone # 9548939949	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			