


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000081712
 1. Entity Name
ST. MARY'S SCHOOL OF MEDICINE FOUNDATION, INC.



Principal Place of Business
**20533 BISCAYNE BLVD.
 BOX #1315
 AVENTURA, FL 33180**

Mailing Address
**20533 BISCAYNE BLVD.
 BOX #1315
 AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1035809 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SINGER, BERNARD A
 3107 STIRLING ROAD SUITE #105
 FORT LAUDERDALE, FL 33312**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBART, DWANE 20533 BISCAYNE BLVD. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOVENDER, KAMANI 20533 BISCAYNE BLVD. AVENTURA, FL 33180
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100000046715
 02/12/04-80012-004 150.00

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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: *Kamanti Govender* **KAMANTI GOVENDER** **02/02/04** **305-792-9874**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #