## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000102377**

1. Entity Name

NIRVANA CLINIC, INC.

Principal Place of Business

9550 BAYMEADOWS RD.

JACKSONVILLE, FL 32256

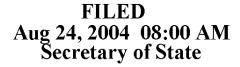
Mailing Address

9838 BAY MEADOWS ROAD

**UNIT 276** 

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKSONVILLE, FL 32256





## DO NOT WRITE IN THIS SPACE

08182004 No Chg-P CR2E034 (10/03)

4. FEI Number A
59-3753850

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Cayling Phone #

Cole

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the lons of registered agent.	e purpose of changing its registered	I office or re	egistered agent, br bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and ti	tte ff applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Trust Fund Contribu			ing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIR	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANDRE, WILLE 9838 BAY MEADOWS ROAD JACKSONVILLE, FL 32256			mandanananan mand	000000170789 08/24/04-80001-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ANDRE, LATRESE 9838 BAY MEADOWS ROAD JACKSONVILLE, FL 32256					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			IN	THIS SPACE	
RITLE NAME STREET ADDRESS CRTY-ST-ZP						
TITLE NAME STREFT ADDRESS CITY-ST-ZIP						
12. Thereby indicated of the collection	certify that the information supplied with this for this report or supplemental report is trupperation or the receiver or trustee empowe, or on an attachment with an address, with	s filing does not qualify for the exen te and accurate and that my signatured to execute this report as require all other like empowered.	ption state ire shall ha ed by Chap	d in Section 119,07(3 ve the same legal effo iter 607, Fiorida Statul	(i)). Florida Statutes. I further certify that the information ect as if made under oath, that I am an officer or director tes, and that my name appears in Block 10 or Block 11 if	