

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103437

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: BOSTON MEN'S HEALTH CENTER, INC.

## Current Principal Place of Business:

498 PALM SPRINGS DR  
STE 335  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

## Current Mailing Address:

3 PARK PLAZA  
STE 430  
IRVINE, CA 92614

## New Mailing Address:

P. O. BOX 14790  
IRVINE, CA 92623 47

FEI Number: 59-3759688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUOE HA  
498 PALM SPRING DR. #335  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

QUOC HA  
498 PALM SPRING DR. #335  
ALTAMONTE SPRINGS, FL 32701 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: QUOC HA

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: QUOCHUAN, HA  
Address: 3 PARK PLAZA, STE. 430  
City-St-Zip: IRVINE, CA 92614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: QUOC HUAN, HA  
Address: P. O. BOX 14790  
City-St-Zip: IRVINE, CA 92623 47

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: QUOC HA

PRES

01/13/2004

Electronic Signature of Signing Officer or Director

Date