

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109036

FILED
Feb 24, 2004
Secretary of State

Entity Name: IDEAL HEALTH SERVICES CORPORATION

Current Principal Place of Business:

22306 SW 103 CT
MIAMI, FL 33190

New Principal Place of Business:

9030 S.W. 202 TERRACE
MIAMI, FL 33189

Current Mailing Address:

22306 SW 103 CT
MIAMI, FL 33190

New Mailing Address:

9030 S.W. 202 TERRACE
MIAMI, FL 33189

FEI Number: 04-3587970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, PATRICIA
22306 SW 103 CT
MIAMI, FL 33190

Name and Address of New Registered Agent:

GREENE, PATRICIA
9030 S.W. 202 TERRACE
MIAMI, FL 33189

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: PATRICIA GREENE

02/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREENE, PATRICIA
Address: 22306 SW 103 CT
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREENE, PATRICIA
Address: 9030 S.W. 202 TERRACE
City-St-Zip: MIAMI, FL 33189

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: PATRICIA GREENE

O/D

02/24/2004

Electronic Signature of Signing Officer or Director

Date