


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

6/21

06-22-2004 90002 025 ***150.00

DOCUMENT # P01600143667	
1. Entity Name BEHAVIORAL MEDICINE, INC.	

Principal Place of Business 2001 NW 7TH ST. STE 304 MIAMI, FL 33125	Mailing Address 248 NAVARRE DRIVE MIAMI SPRINGS, FL 33166
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66430489



2. Principal Place of Business 3383 N.W. 7 St.	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Ste. 307	

06112004 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State
Zip 33125	Country

4. FEI Number 65-0726258	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent PINELLA, ALFREDO 248 NAVARRE DRIVE MIAMI SPRINGS, FL 33166	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
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FILE NOW!!! Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINIELLA, ALFREDO 248 NAVARRE DRIVE MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: 	Date: 6/15/04	Confirm Phone #: (305) 863-0966
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Attachment
66430489

July 12, 2004

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: *Behavioral Medicine, Inc.*
Document # P01000113667
2004 Uniform Business Report

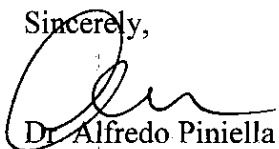
Gentlemen:

Enclosed find our 2004 Annual Report and our \$150.00 check for the filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly had not received it. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,


Dr. Alfredo Piniella
Director