

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001769

Entity Name: PAUL D. CALISE P.A.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

NORTH RIDGE HOPITAL NEUROSCIENCE CENTER
5757 N. DIXIE HWY.
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

NORTH RIDGE HOPITAL NEUROSCIENCE CENTER
5757 N. DIXIE HWY.
FT. LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 30-0011531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALISE, PAUL D
NORTH RIDGE HOPITAL NEUROSCIENCE CENTER
5757 N. DIXIE HWY.
FT. LAUDERDALE, FL 33334

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALISE, PAUL D
Address: 4700 NE 26 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL D. CALISE

PRES

04/28/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date