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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 26 AM 8:00

DOCUMENT # P02000009343			
1. Entity Name DIAGNOSTIC PREVENTIVE MEDICINE AND WELLNESS, INC.			
Principal Place of Business C/O OMI GROUP INC. 200 N. COMMERCE PKWY. WESTON, FL 33326		Mailing Address C/O OMI GROUP INC. 200 N. COMMERCE PKWY. WESTON, FL 33326	
2. Principal Place of Business 2200 N COMMERCE PKWY Suite, Apt. #, etc. #100 City & State WESTON, FL Zip 33326 Country US		3. Mailing Address 2200 N COMMERCE PKWY Suite, Apt. #, etc. #100 City & State WESTON, FL Zip 33326 Country US	
6. Name and Address of Current Registered Agent MARIO R. DELGADO, PA 2000 PONCE DE LEON BLVD., #102 CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA, NELSON 801 SOUTH UNIVERSITY DRIVE SUITE K-103A PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2200 N COMMERCE PKWY #100 WESTON, FL 33326 <input checked="" 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	600034064716 04/27/04--01034--001 ***6950.00 <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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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
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	