2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# P02000009398

Entity Name: OCALA WALK-IN MEDICAL & CHELATION, INC.

Current Principal Place of Business:

8720 SOUTHWEST HIGHWAY 200
SUITE 12
OCALA, FL 34481

New Principal Place of Business:

8720 SOUTHWEST HIGHWAY 200
SUITE 12
OCALA, FL 34481 US

Current Mailing Address:

8720 SOUTHWEST HIGHWAY 200
SUITE 12
OCALA, FL 34481

New Mailing Address:

8720 SOUTHWEST HIGHWAY 200
SUITE 12
OCALA, FL 34481 US

FEI Number: 04-3594909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

HAMAD, JAMAL MD
8720 SW HWY 200
SUITE 12
OCALA, FL 34481 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: JAMAL HAMAD 07/01/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: HAMAD, JAMAL
Address: 8720 SOUTHWEST HIGHWAY 200 SUITE 12
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HAMAD, JAMAL
Address: 8720 SOUTHWEST HIGHWAY 200 SUITE 12
City-St-Zip: OCALA, FL 34481 US

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: JAMAL HAMAD PSTD 07/01/2004
Electronic Signature of Signing Officer or Director Date