2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004
Secretary of State

DOCUMENT# P02000036511

Entity Name: SEA N LAND MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

PO BOX 451627
FORT LAUDERDALE, FL 333451627

New Principal Place of Business:

Current Mailing Address:

PO BOX 451627
FORT LAUDERDALE, FL 333451627

New Mailing Address:

FEI Number: 03-0419304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, STEPHANIE E
2455 E SUNRISE BLVD #502
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

KING, STEPHANIE E
7797 N UNIVERSITY DRIVE # 205
TAMARAC, FL 33321 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: STEPHANIE E. KING 04/02/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KING, STEPHANIE E
Address: PO BOX 451627
City-St-Zip: FORT LAUDERDALE, FL 333451627

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: STEPHANIE E. KING D 04/02/2004
Electronic Signature of Signing Officer or Director Date