2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 4

## Feb 28, 2004 08:00 AM DOCUMENT # P02000104292 **Secretary of State** 1. Entity Name DELRAY MOBILE CLINIC INC. Principal Place of Business Mailing Address 7370 ORIOLE BLVD., STE. 601 DELRAY BEACH FL 33446 7370 ORIOLE BLVD., STE. 601 DELRAY BEACH FL 33446 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 56-2302493 Not Applicable Zio Country Zσ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOBERMAN, ANDREA 7370 ORIOLE BLVD., STE. 601 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33446** City Zip Code FL 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 guared name of regrescied agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!N FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 स्साह Detete BILE ☐ Change Addition SOBERMAN, A. NAME MAME U0000000711805 STREET ADDRESS 7370 ORIOLE BLVD., #601 STREET ADDRESS 03/01/04-80050-010 150.00 DELRAY BEACH FL 33446 CITY-ST-ZEP 087Y-51-21P TITLE Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Defete TIBE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY+ST-ZW 7173.E De.ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CXTY -ST - ZXP CITY-ST-ZIP TITLE Delete TISS F ☐ Charige Addition NAME NAME STREET ADDRESS STREET ADDRESS C3TY-S1-Z3P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 of 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 attaction my with an address, with all other reports of the corporation o

OFFICER OR DIRECTOR

**FILED** 

Daylime Phone #