

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131056

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: RENAISSANCE HEALTH SYSTEMS, INC.

## Current Principal Place of Business:

5201 BLUE LAGOON DR.- PENTHOUSE  
MIAMI, FL 33136

## New Principal Place of Business:

12230 FOREST HIL BLVD  
#157  
WELLINGTON, FL 33414

## Current Mailing Address:

C/O NOEL J. GUILLAMA  
929 CEDAR COVE ROAD  
WELLINGTON, FL 33414

## New Mailing Address:

12230 FOREST HILL BLVD.  
#157  
WELLINGTON, FL 33414

FEI Number: 20-0774814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GUILLAMA, NOEL J  
929 CEDAR COVE ROAD  
WELLINGTON, FL 33414 US

## 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: GUILLAMA, NOEL J  
Address: 929 CEDAR COVE ROAD  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: GUILLAMA, SUSAN D  
Address: 929 CEDAR COVE ROAD  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: GUILLAMA, NOEL J  
Address: 929 CEDAR COVE ROAD  
City-St-Zip: WELLINGTON, FL 33414

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: SUSAN D. GUILLAMA

DIR

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date