

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003931

FILED
Jan 15, 2004
Secretary of State

Entity Name: ORIENTAL MEDICAL CLINIC OF FLORIDA, P.A.

Current Principal Place of Business:

2008 SUNRISE DRIVE
SEBRING, FL 33872

New Principal Place of Business:

3765 COMMERCE CENTER DR.
2
SEBRING, FL 33870

Current Mailing Address:

2008 SUNRISE DRIVE
SEBRING, FL 33872

New Mailing Address:

3765 COMMERCE CENTER DR.
2
SEBRING, FL 33870

FEI Number: 30-0148577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, JEANIE O
2008 SUNRISE DRIVE
SEBRING, FL 33872

Name and Address of New Registered Agent:

LEE, JEANIE O
3765 COMMERCE CENTER DR.
SEBRING, FL 33870

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:

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEE, JEANIE O
Address: 2008 SUNRISE DRIVE
City-St-Zip: SEBRING, FL 33872

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: JEANIE O LEE

D

01/15/2004

Electronic Signature of Signing Officer or Director

Date