

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019606

FILED  
Apr 16, 2004  
Secretary of State

**Entity Name:** NORTHWEST CENTER FOR INTEGRATIVE MEDICINE & REHABILITATION, INC.

## Current Principal Place of Business:

5524 W SAMPLE ROAD  
MARGATE, FL 33073 US

## New Principal Place of Business:

2960 NORTH STATE ROAD 7  
SUITE 204  
MARGATE, FL 33063 US

## Current Mailing Address:

5524 W SAMPLE ROAD  
MARGATE, FL 33073 US

## New Mailing Address:

2960 NORTH STATE ROAD 7  
SUITE 204  
MARGATE, FL 33063 US

FEI Number: 38-3673389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREEMAN, ABRAHAM  
5524 W SAMPLE ROAD  
MARGATE, FL 33073 US

## Name and Address of New Registered Agent:

FREEMAN, ABRAHAM R DR.  
2960 NORTH STATE ROAD 7  
SUITE 204  
MARGATE, FL 33063 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: ABRAHAM R. FREEMAN

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: FREEMAN, ABRAHAM  
Address: 11001 NW 12 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: DVS ( ) Delete  
Name: WHITTEN, KIRK  
Address: 810 NW 6 TERRACE  
City-St-Zip: BOCA RATON, FL 33486 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: FREEMAN, ABRAHAM R DR.  
Address: 11001 NW 12 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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: ABRAHAM FREEMAN

DIR.

04/16/2004

Electronic Signature of Signing Officer or Director

Date