


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90348 029 \*\*\*150.00

<b>DOCUMENT # P03000029552</b>	
1. Entity Name <b>HOLISTIC LIFECARE MEDICAL CENTER, INC.</b>	

Principal Place of Business <b>230 SE 23RD AVE. BOYNTON BCH, FL 33435</b>	Mailing Address <b>230 SE 23RD AVE. BOYNTON BCH, FL 33435</b>
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**14015472**



2. Principal Place of Business <b>230 SE 23rd Ave</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Ste B</b>	Suite, Apt. #, etc.
City & State <b>Boynton Beach FL</b>	City & State
Zip <b>33435</b>	Country <b>US</b>

04272004 Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2444013</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BISHOP, JOHN 5637 PACIFIC BLVD. BOCA RATON, FL 33433</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PP Winthrop C. Davis 230 SE 23rd Ave Ste B Boynton Beach, FL 33435</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Winthrop C. Davis** 4/27/04 561261-4678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #