

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90276 017 ***150.00

DOCUMENT # P03000030365

1. Entity Name
MANN HEALTH SERVICES, INC.



Principal Place of Business

1041 POPLAR CIRCLE
WESTON, FL 33326

3850 HOLLYWOOD BLVD SUITE 204
HOLLYWOOD FL 33021

Mailing Address

1041 POPLAR CIRCLE
WESTON, FL 33326

3850 HOLLYWOOD BLVD. SUITE 204
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004

Chg-P

CR2E034 (10/03)

4. FEI Number

04-3747573

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, BRUCE M
1041 POPLAR CIRCLE
WESTON, FL 33326

3850 HOLLYWOOD BLVD
SUITE 204
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,T
NAME MANN, BRUCE M
STREET ADDRESS 1041 POPLAR CIRCLE
CITY-ST-ZIP WESTON, FL 33326
3850 HOLLYWOOD BLVD
SUITE 204
HOLLYWOOD FL 33021

TITLE S
NAME MANN, JENNIFER L
STREET ADDRESS 1041 POPLAR CIRCLE
CITY-ST-ZIP WESTON, FL 33326
3850 HOLLYWOOD BLVD.
SUITE 204
HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Date

Daytime Phone #