

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042713

FILED
Feb 12, 2004
Secretary of State

Entity Name: BETTER LIFE MEDICAL INSTITUTE, INC.

Current Principal Place of Business:

5400 S UNIVERSITY DR STE 501-K
DAVIE, FL 33328

New Principal Place of Business:

1313 NW 13 ST
210
MIAMI, FL 33142

Current Mailing Address:

5400 S UNIVERSITY DR STE 501-K
DAVIE, FL 33328

New Mailing Address:

1313 NW 13ST
MIAMI, FL 33142

FEI Number: 42-1586337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRASCO, RICARDO
5400 S UNIVERSITY DR STE 501-K
DAVIE, FL 33328

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: PVD () Delete
Name: CARRASCO, RICARDO
Address: 5400 S UNIVERSITY DR STE 501-K
City-St-Zip: DAVIE, FL 33328

Title: ST () Delete
Name: RODRIGUEZ, RICARDO
Address: 5400 S UNIVERSITY DR STE 501-K
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: RODRIGUEZ, WILLIAM
Address: 9971 SW 1ST
City-St-Zip: MIAMI, FL 33174

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: RICARDO CARRASCO

PVD

02/12/2004

Electronic Signature of Signing Officer or Director

_____ Date