2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043808

Entity Name: ANGINA TREATMENT CENTERS, INC.

FILED Aug 24, 2004 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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 5405 OKEECHOBEE BLVD.
 5405 OKEECHOBEE BLVD.

 W. PALM BCH, FL 33417
 303

303 W. PALM BCH, FL 33417

Current Mailing Address: New Mailing Address:

2273 SALERNO CIR. WESTON, FL 33327

FEI Number: 57-1162579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US MIRBAGHERY, LIDA 2273 SALERNO CIRCLE WESTON, FL 33327 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: LIDA MIRBAGHERY 08/24/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: () Change () Addition

 Name:
 MIRBAGHERY, LIDA
 Name:

 Address:
 5405 OKEECHOBEE BLVD.
 Address:

 City-St-Zip:
 W. PALM BCH, FL 33417
 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: LIDA MIRBAGHERY PSTD 08/24/2004