

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065997

FILED
Apr 17, 2004
Secretary of State

Entity Name: HEMORRHOID CARE CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

5917 S CONGRESS AVENUE
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

5917 S CONGRESS AVENUE
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 87-0699729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

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: D () Delete
Name: MANOLAKOS, DOUGLAS
Address: 5917 S CONGRESS AVENUE
City-St-Zip: ATLANTIS, FL 33462

Title: D (X) Delete
Name: ABRAMOWITZ, KENNETH
Address: 5917 S CONGRESS AVENUE
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DOUGLAS MANOLAKOS

D

04/17/2004

Electronic Signature of Signing Officer or Director

Date