## **FILED** May 05, 2004 8:00 am Secretary of State

05-05-2004 90206 019 \*\*\*150.00

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GENESEN ACUTOUCH, INC. CREEK RD Mailing Address 800 W. CYPRESS CREEK N.D. Principal Place of Business 5100 N. FEDERA MIGHWAY, FT. LAUDERDALE, FL. 33308 -470 5100 N. FEDERAL HIGHWAY, SUITE 409 FT. LAUDERDALE, FL 33308 3 3309 83309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 03242004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-1195636 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGEL, LARRY LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK RD. 5100 N. FEDERAL HIGHWAY, SUITE 409 FT. LAUDERDALE, FL 33308 SUITE 470 Zip Code 33309 FÖRT LAUDERDALE 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 registeres agent. 44RY LEGE SIGNATURE. Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 7 D Delete K Change Addition TITLE TITLE LEGEL, LARRY 800 W. CH PRESS LEGEL, LARRY NAME NAME CREEK RI 5100 N. FEDERAL HIG 800 W. CYPRESS CREEK RD., #470 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33308 33309 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE 32.5 NAME NAME STREET ADDRESS STREET ADDRESS 38 C CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.