


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90003 033 \*\*\*150.00

<b>DOCUMENT # P03000077009</b>		
1. Entity Name AMERICAN ACADEMY OF BALANCE MEDICINE, INC.		

Principal Place of Business <del>3728 PHILIPS HWY STE 31</del> 1945 Lane Ave. JACKSONVILLE, FL <del>32207</del> South, Suite 5 32210	Mailing Address <del>3728 PHILIPS HWY STE 31</del> P.O. Box 7040 JACKSONVILLE, FL <del>32207</del> 32238
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2. Principal Place of Business 1945 Lane Ave. South Suite #5	3. Mailing Address P.O. Box 7040 Suite, Apt. #, etc.
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32210	Country USA
Zip 32238	Country USA

03182004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0137534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AKEL, EDWARD C 1 INDEPENDENT DR STE 2301 JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent Name Wanda L. Callahan Street Address (P.O. Box Number is Not Acceptable) 1945 Lane Ave. South - Suite #5 City Jacksonville FL Zip Code 32210	

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 Wanda L. Callahan Wanda L. Callahan, Executive Director 3-31-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JACOB M.D. 3728 PHILIPS HWY STE 31 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Wanda L. Callahan 1945 Lane Ave. South, Suite 5 Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 03/28/04 904-786-0846  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #