## FILED Feb 03, 2005 8:00 am Secretary of State 02-03-2005 90031 025 \*\*\*150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT
Secretary of

DOCUMENT # P03000095673						
1. Entity Name						
MEDICHIRO, P.A.	summer of the					
, M25161111(6), 1 3	©Lot" . Chmpri , " i					
CONTRACTOR AND		WITE.	40	011576	e gan in ja - independent en engelegen.	-
Principal Place of Business Mailing A		D	40	01134 <b>0</b>		• •
	. VICTORIA PARK ROAI Nuderale, FL 33304					•
	. •		 		<b></b>	
2. Principal Place of Bysiness 3. Mailing	Address	T 0 50				
3160 North JOGKD 3160	North	109 KD		IINN CITIC NUTSI MAITA ANCIC	ANIED 19184 OFFIN AITTE INTAN EE	14441 11 (4441
Suite, Apt. #, etc. 41103	Npt. #, etc.	1	01282005	Chg-P	CR2E034 (10/03)	
Gity & State Zan Onh Ed City & S	State On Long	Poh H	4. FEI Number		Ar	plied For
Zip 3/11 Country Zip a	St raun	Leti PL	55-0845	422		t Applicable
<del>=3341                                    </del>	<b>火ルー・ー</b>	US -	_5. Certificate of	Status Desired .	\$8.75 Add	litional ~
6. Name and Address of Current Registered A	Agent	Name -	7. Name and A	ddress of New Re	gistered Agent	
DIBLASE, Frank		Fre	<u>unk</u>	Dibla:	<u>5 C</u>	
1228 N. VICTORIA PARK ROAD FORT LAUDERDALE, FL 33304		Street Address (	P.O. Box Number	is Not Acceptable)	oria Park	CRD
FORT DAODERDALE, FL 33304				<del>~</del>		
		City —	Landa	rdalo	FI Zip Code	-11/
8. The above named entity submits this statement for the purpose	of changing its registe	ered office or register	$\sim$		ida. I am familiar with,	and accept
the obligations of registered agent.				1-	<del></del>	ر_ <del>ر</del> _ `
SIGNATURE Signature typed or printed name of registrated eyant and title of applicat	12E	red Agent signature required			SU-C	25
Sprante special talled the constraint of the constraint of the company	we: — More negista	sen seleur aduatus sedosen	when remarked)		DATE	
	Election Campaign Fina Trust Fund Contribution	ancing . \$5.	00 May Be ed to Fees			•
Arte: may 1, 2000 1 00 Will be \$550.00		·				
10. OFFICERS AND DIRECTORS	Delete III	ne l	ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECTORS  Change	3 IN 11  Addition
NAME DIBLASE, FRANK		IME			Onenge	C) Addition
STREET ADDRESS 1228 N. VICTORIA PARK ROAD CITY-ST-ZIP FORT LAUDERALE, FL 33304		REET ADDRESS TY-S1-ZIP				
TITLE		TLE			☐ Change	
NAME	NA	IME				☐ Addition
STREET ADDRESS	STI				Onlings	☐ Addition
City-St-7tP		REET ADDRESS	٠		_ onange	☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing do indicated on this report or supplemental report is true and acc of the corporation or the receiver or rustee emplowered to exchanged, or on an attachment with an address with all other.  SIGNATURE:	CIT NAME OF THE PERSON OF THE PERSON OF QUARTITY OF THE PERSON OF THE PE	ITY-ST-ZIP  ILE  IME  REET ADDRESS  ITY-ST-ZIP  ILE  IME  IME  IME  IME  IME  IME  IME	ction 119.07(3)(i), same legal effect i, Florida Statutes;	Florida Statutes. I fas if made under oa and that my name	Change  Change  Change	Addition Addition Addition