


**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90031 025 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000095673</b>			
1. Entity Name <b>MEDICHIRO, P.A.</b>			
Principal Place of Business <b>1228 N. VICTORIA PARK ROAD FORT LAUDERALE, FL 33304</b>		Mailing Address <b>1228 N. VICTORIA PARK ROAD FORT LAUDERALE, FL 33304</b>	
2. Principal Place of Business <b>3160 North Jog RD Suite, Apt. #, etc. #11103</b>		3. Mailing Address <b>3160 North Jog RD Suite, Apt. #, etc. #11103</b>	
City & State <b>West Palm Bch FL</b>		City & State <b>West Palm Bch FL</b>	
Zip <b>33411</b>		Country <b>US</b>	
4. FEI Number <b>55-0845422</b>		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 <b>DIBLASE, Frank DIBLASSE, FRANK 1228 N. VICTORIA PARK ROAD FORT LAUDERDALE, FL 33304</b>		7. Name and Address of New Registered Agent Name <b>Frank Diblasce</b> Street Address (P.O. Box Number is Not Acceptable) <b>1228 N Victoria Park RD</b> City <b>Et Lauderdale FL</b> Zip Code <b>33304</b>	
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 <b>Frank D. Blase</b> DATE <b>1-30-05</b> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBLASE, FRANK 1228 N. VICTORIA PARK ROAD FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Frank D. Blase</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-30-05</b> <small>Daytime Phone #</small>	