


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90053 030 ***158.75

DOCUMENT # P03000152073

1. Entity Name
LIFESTREAM HEALTH MANAGEMENT, INC.



Principal Place of Business Mailing Address

515 SW 17 AVE **515 SW 17 AVE**
MIAMI, FL 33135 **MIAMI, FL 33135**

54029170



2. Principal Place of Business 3. Mailing Address

2322 E.Oakland Park Blvd. **2322 E. Oakland Park Blvd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

04072004 Chg-P CR2E034 (10/03)

City & State City & State

Ft.Lauderdale, FL 33306 **Ft. Lauderdale, FL 33306**

Zip Country Zip Country

Broward **Broward**

4. FEI Number Applied For

542138502 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORIANO, NYDIA
515 SW 17 AVE
MIAMI, FL 33135


7. Name and Address of New Registered Agent

Name
ANN MARIE SANTINI

Street Address (P.O. Box Number is Not Acceptable)
2322 E. Oakland Park Blvd.

City State Zip Code
Ft. Lauderdale, FL 33306

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:  DATE: **4-7-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SANTINI, ANN MARIE
STREET ADDRESS	515 SW 17 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D <input type="checkbox"/> Delete
NAME	SANTINI, ROBERTA
STREET ADDRESS	515 SW 17 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SORIANO, NYDIA
STREET ADDRESS	515 SW 17 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Director & Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Marie Santini
STREET ADDRESS	2322 E. Oakland Park Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33306
TITLE	Roberta Santini, VP. Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	& Treasurer
STREET ADDRESS	2322 E. Oakland Park Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33306 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE: **4-07-04** DAYTIME PHONE #: **954 651 5981**

Signature and typed or printed name of signing officer or director Date Daytime Phone #