


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000004458 1. Entity Name BDK HEALTH INVESTORS, INC.	
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Principal Place of Business 6635 W. COMMERCIAL BLVD SUITE 217 TAMARAC, FL 33319 US	Mailing Address 6635 W. COMMERCIAL BLVD SUITE 217 FORT LAUDERDALE, FL 33319 US
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03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0385551	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GIGNAC, DOUGLAS
6635 W COMMERCIAL BLVD
STE 217
TAMARAC, FL 33319

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 NAME STREET ADDRESS CITY - ST - ZIP	PVSD DANLER, WILLIAM 6635 W COMMERCIAL BLVD STE 217 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANLER, KATHLEEN 6635 W COMMERCIAL BLVD STE 217 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, DENNIS 6635 W COMMERCIAL BLVD STE 217 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000149607
05/03/04-80193-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04