2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P93000067694

Entity Name: LUMAR'S HEALTH CARE CORP.

Current Principal Place of Business:

3735 SW 8 STREET
205
MIAMI, FL 33134 US

New Principal Place of Business:

3735 SW 8TH STREET
205
MIAMI, FL 33134 US

Current Mailing Address:

3735 SW 8 STREET
205
MIAMI, FL 33134 US

New Mailing Address:

3735 SW 8TH STREET
205
MIAMI, FL 33134 US

FEI Number: 65-0523029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, ZOE
6850 CORAL WAY
SUITE 506
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

RODRIGUEZ, ZOE M
11 SW 57TH COURT
MIAMI, FL 33144 US

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.

SIGNATURE: ZOE M. RODRIGUEZ 01/08/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RODRIGUEZ, ZOE
Address: 11 SW 57 CT
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RODRIGUEZ, ZOE M
Address: 11 SW 57 CT
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZOE M. RODRIGUEZ PD 01/08/2004
Electronic Signature of Signing Officer or Director Date