

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015074

FILED
Sep 17, 2004
Secretary of State

Entity Name: CADUCEUS PRIMA HEALTH CORPORATION

Current Principal Place of Business:

9877 PINES BLVD
PEMBROKE PINES, FL 33024

New Principal Place of Business:

501 NW 179 AVE
PEMBROKE PINES, FL 33029

Current Mailing Address:

9877 PINES BLVD
PEMBROKE PINES, FL 33024

New Mailing Address:

501 NW 179 AVE
PEMBROKE PINES, FL 33029

FEI Number: 65-0656959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WONG, HEIDI
9877 PINES BLVD.
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

WONG, HEIDI
501 NW 179 AVE
PEMBROKE PINES, FL 33029 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: HEIDI WONG

09/17/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WONG, ANTONIO H MD
Address: 17901 NW 5TH ST STE 101
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTONIO WONG

P

09/17/2004

Electronic Signature of Signing Officer or Director

Date