

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000019496

FILED
Apr 29, 2004
Secretary of State

Entity Name: OSMANY S. PERIU, D.C., P.A.

Current Principal Place of Business:

399 W. CAMINO GARDENS BLVD.
STE 104
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

399 W. CAMINO GARDENS BLVD.
STE 104
BOCA RATON, FL 33432

New Mailing Address:

85 SE 4TH AVENUE
STE 104
DELRAY BEACH, FL 33483

FEI Number: 65-0646750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERIU, OSMANY S.
399 W CAMINO GARDENS BLVD
SUITE 104
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PERIU, OSMANY S
Address: P.O. BOX 1267 N/A
City-St-Zip: BOCA RATON, FL 33429

Title: VP () Delete
Name: PERIU, DEBORAH A
Address: P O BOX 1267
City-St-Zip: BOCA RATON, FL 33429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: OSMANY S. PERIU

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date