

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**FILED  
Jan 27, 2004  
Secretary of State

DOCUMENT# P96000026219

Entity Name: MANOR MEDICAL CENTER, INC.

**Current Principal Place of Business:**1040 N W 10TH AVENUE  
FT LAUDERDALE, FL 33311 US**New Principal Place of Business:****Current Mailing Address:**1040 N W 10TH AVENUE  
FT LAUDERDALE, FL 33311 US**New Mailing Address:**

FEI Number: 65-0687160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**YVES, JODESTY  
1040 N W 10TH AVENUE  
FORT LAUDERDALE, FL 33311 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: DPS ( ) Delete  
Name: JODESTY, YVES M  
Address: 1040 N W 10TH AVENUE  
City-St-Zip: FT LAUDERDALE, FL**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: YVES M JODESTY

DPS

01/27/2004

Electronic Signature of Signing Officer or Director

Date