

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000045479

1. Entity Name
MEDICAL ALTERNATIVES OF AMERICA, INC.



Principal Place of Business
**5979 VINELAND ROAD
SUITE #209
ORLANDO, FL 32819**

Mailing Address
**6400 HAWKSMOOR DRIVE
ORLANDO, FL 32818**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3448401

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**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**

000000146037
05/03/04-80049-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVTS
HANLEY, ALISON
6400 HAWKSMOOR DRIVE
ORLANDO, FL 32818**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HANLEY, ALISON
6400 HAWKSMOOR DRIVE
ORLANDO, FL 32818**

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STREET ADDRESS
CITY - ST - ZIP

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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)(i), 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 or like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

407 352 1030
Daytime Phone #