

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045794

FILED
Jan 23, 2004
Secretary of State

Entity Name: CENTRAL PALM MEDICAL GROUP, INC.

Current Principal Place of Business:

4332 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

4332 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0775042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETTEDGUI, DANIEL
7505 LONDON LANE
BOCA RATON, FL 33433 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: VP () Delete
Name: WARREN, BARRY D.C.
Address: 11260 NW 10TH MANOR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P (X) Delete
Name: ETTEGUI, DANIEL
Address: 7505 LONDON LANE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ETTEDGUI, DANIEL
Address: 7505 LONDON LANE
City-St-Zip: BOCA RATON, FL 33433

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: DANIEL ETTEDGUI, D.O.

P

01/23/2004

Electronic Signature of Signing Officer or Director

Date