

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075366

Entity Name: USA-INTEGRATED HEALTH, INC.

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

5300 NW 33RD STREET
SUITE 220
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

401 N.E. MIZNER BLVD
PH 806
BOCA RATON, FL 33432

New Mailing Address:

101 PLAZA REAL SOUTH
930
BOCA RATON, FL 33432

FEI Number: 65-0779947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, JOHN H
401 N.E. MIZNER BLVD.
PH 806
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

LEWIS, JOHN H
101 PLAZA REAL SOUTH
930
BOCA RATON, FL 33432 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: JOHN H. LEWIS

05/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, JOHN
Address: 401 N.E. MIZNER BLVD., PH 806
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: BLOOM, LAURA
Address: 790 WEST RIVER OAK DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, JOHN
Address: 101 PLAZA REAL SOUTH, # 930
City-St-Zip: BOCA RATON, FL 33432

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: JOHN H.LEWIS

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date