2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004
Secretary of State

DOCUMENT# P97000109042

Entity Name: BABOR INSTITUT CORP. PALM BEACH

Current Principal Place of Business:

340 ROYAL POINCIANA PLAZA
STE 301
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

340ROYALPOINCIANAWAY
STE 303
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-0803249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI, FL 33131 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	(X) Delete
Name:	CHAMBERLAIN, ILSE	
Address:	340 ROYAL POINCIANA WAY STE 301	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	PS	( ) Delete
Name:	CAIN, DR. PAUL	
Address:	340 ROYAL POINCIANA WAY #301	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	RIETFORT, HEINZ-DIETER	
Address:	340 ROYAL POINCIANA WAY #301	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	VOSSEN, DR. LEO P	
Address:	340 ROYAL POINCIANA WAY #301	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	KLEINE-TEBBE, JUTTA	
Address:	340 ROYAL POINCIANA WAY #301	
City-St-Zip:	PALM BEACH, FL 33480	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DR. PAUL CAIN PS 01/26/2004

Electronic Signature of Signing Officer or Director — Date