


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

03-29-2004 90399 013 ***150.00

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| DOCUMENT # P98000065166 | | | |  | |
| 1. Entity Name INTEGRATED HEALTH CENTERS OF AMERICA, INC. | | | | | |
| Principal Place of Business 5804 LAKE UNDERHILL ROAD ORLANDO FL 32807 | | | Mailing Address 5804 LAKE UNDERHILL ROAD ORLANDO FL 32807 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3524329 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BURGOS, MIGUEL A 5145 CURRY FORD RD. 1ST FLOOR ORLANDO FL 32812 | | | Name Integrated Health Center of America Street Address (P.O. Box Number is Not Acceptable) 5804 Lake Underhill Rd. Orlando, Fl. City FL Zip Code 32807 | | |
| B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST BURGOS, MIGUEL A 5145 CURRY FORD ROAD, 1ST FLOOR ORLANDO FL 32812 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Miguel A. Burgos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3243 Furlong way Gotha, Fl. 34734 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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 other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____ | | | | | |