

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068925

FILED
Jul 13, 2004
Secretary of State

Entity Name: TOWER HEALTH CENTER, INC.

Current Principal Place of Business:

1912 S UNIVERSITY DR
DAVIE, FL 33324

New Principal Place of Business:

1912 S UNIVERSITY DR
SUITE A
DAVIE, FL 33324

Current Mailing Address:

1912 S UNIVERSITY DR
DAVIE, FL 33324

New Mailing Address:

1912 S UNIVERSITY DR
SUITE A
DAVIE, FL 33324

FEI Number: 65-0857350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYER, CRAIG
2130 S. UNIVERSITY DRIVE
DAVIE, FL 33324

Name and Address of New Registered Agent:

MAYER, CRAIG
1912 S. UNIVERSITY DRIVE
SUITE A
DAVIE, FL 33324

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: CRAIG MAYER

07/13/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAYER, CRAIG A
Address: 561 NW 110TH AVE
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: SAFARTY, SCOTT M
Address: 10280S LAKEVISTA CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAYER, CRAIG A
Address: 2402 SW 132 WAY
City-St-Zip: DAVIE, FL 33325

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: CRAIG MAYER

DR.

07/13/2004

Electronic Signature of Signing Officer or Director

Date