

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000085180

FILED
Jan 31, 2003
Secretary of State

Entity Name: OUTCOMES MANAGEMENT EDUCATIONAL WORKSHOPS, INC.

Current Principal Place of Business:

2240 WOOLBRIGHT RD.
#207
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2240 WOOLBRIGHT RD.
#207
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-0872528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AURAN, MITCH
6483 VIA BENITA
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

PAULSEN, BRIAN H
2240 WOOLBRIGHT RD.
207
BOYNTON BEACH, FL 33410 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: BRIAN H. PAULSEN

01/31/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AURAN, MITCHELL
Address: 6483 VIA BENITA
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete
Name: PICHICHERO, FRANK J
Address: 7600 HOLLINGTON PL.
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Delete
Name: PICHICHERO, MICHAEL E M.D.
Address: 332 LANDING RD S
City-St-Zip: ROCHESTER, NY 14610

Title: D (X) Delete
Name: POOLE, MICHAEL D PH.D.
Address: 6431 FANNIN ST., STE. 6.133
City-St-Zip: HOUSTON, FL 77030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PICHICHERO, MICHAEL E MD
Address: 332 LANDING RD S
City-St-Zip: ROCHESTER, NY 14610

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: MICHAEL E. PICHICHERO, MD

D

01/31/2003

Electronic Signature of Signing Officer or Director

Date