


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr '01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000006772</b> 1. Entity Name <b>FLORIDA NATURAL HEALTHCARE CENTER, INC.</b>	
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Principal Place of Business <b>2064 N UNIVERSITY DR PEMBROKE PINES, FL 33024</b>	Mailing Address <b>2064 N UNIVERSITY DR PEMBROKE PINES, FL 33024</b>
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02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0889910</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LEBRON-CHADWICK, WANDA 11123 SW 15TH MANOR DAVIE, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

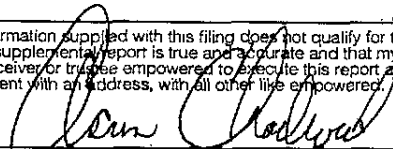
DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000101078</b> <b>04/01/04-80033-019 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CHADWICK, AARON 11123 SW 15TH MANOR DAVIE, FL 33324</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LEBRON-CHADWICK, WANDA 11123 SW 15TH MANOR DAVIE, FL 33324</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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 live empowered.

**SIGNATURE:**  **3-30-04** **954 436-161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #