

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015477

FILED
Jun 30, 2004
Secretary of State

Entity Name: THERAPY REVIEW SYSTEMS, INC.

Current Principal Place of Business:

9415 SUNSET DRIVE
SUITE #218
MIAMI, FL 33173

New Principal Place of Business:

9415 SUNSET DRIVE
SUITE #218
MIAMI, FL 33173 US

Current Mailing Address:

9415 SUNSET DRIVE
SUITE #218
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0899398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, ERIC J
9415 SUNSET DRIVE STE 218
MIAMI, FL 33173

Name and Address of New Registered Agent:

BRYN, MARK J
2 SOUTH BISCAYNE BLVD.
SUITE 2680
MIAMI, FL 33131

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: MARK J. BRYN

06/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAPLAN, ERIC
Address: 9415 SUNSET DRIVE, SUITE 218
City-St-Zip: MIAMI, FL 33173

Title: VD (X) Delete
Name: KAPLAN, ELLEN
Address: 9415 SUNSET DRIVE, SUITE 218
City-St-Zip: MIAMI, FL 33173

Title: S (X) Delete
Name: KAPLAN, ERIC
Address: 9415 SUNSET DRIVE, SUITE 218
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: KAPLAN, ELLEN
Address: 9415 SUNSET DRIVE, SUITE 218
City-St-Zip: MIAMI, FL 33173

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: ELLEN KAPLAN

DPST

06/30/2004

Electronic Signature of Signing Officer or Director

Date