

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089682

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: FINLAY MEDICAL PRACTICE INC.

## Current Principal Place of Business:

666 N.E. 125TH ST.  
SUITE 230  
MIAMI, FL 331616363

## New Principal Place of Business:

527 N. E 124 STREET  
N.MIAMI, FL 331616363

## Current Mailing Address:

790 N.E. 121ST STREET  
MIAMI, FL 331616363

## New Mailing Address:

527 N. E 124 STREET  
N.MIAMI, FL 331616363

FEI Number: 65-0954120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, YAJAIRA J  
790 N.E. 121ST STREET  
MIAMI, FL 331616363

## Name and Address of New Registered Agent:

MUSTELIER, MARIA A  
527 N.E 124 STREET  
N., FL 331616363

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: MARIA A. MUSTELIER

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GONZALEZ, YAJAIRA J  
Address: 790 N.E. 121ST STREET  
City-St-Zip: MIAMI, FL 331616363

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MUSTELIER, MARIA A  
Address: 527N.E 124 STREET  
City-St-Zip: N., FL 331616363

Title: VD ( ) Change (X) Addition  
Name: MUSTELIER, MARIA A  
Address: 527 N.E 124 STREET  
City-St-Zip: N.MIAMI, FL 33161

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: MARIA A. MUSTELIER

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date