


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # S32873		
1. Entity Name MEDERI OF COLLIER COUNTY, INC.		

Principal Place of Business P O BOX 144536 CORAL GABLES, FL 33114	Mailing Address 153 SEVILLA AVE CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0260917	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

M.J.F. REGISTERED AGENT CORP  
 153 SEVILLA AVE  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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
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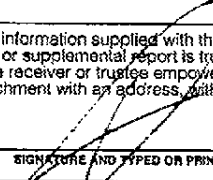
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUFAY, SANDRA E P O BOX 144536 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NESSLEIN, DAVID P O BOX 144536 CORAL GABLES, FL 33114
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**DO NOT WRITE IN THIS SPACE**

000000009645  
01/21/04-80021-013 8.75

000000009645  
01/21/04-80021-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 like empowered.

SIGNATURE:  DATE: 1-15-04 DAYTIME PHONE #: (305) 447-2300