

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81637

FILED
Jan 08, 2004
Secretary of State

Entity Name: STELLA MARIS HEALTHCARE CORPORATION

Current Principal Place of Business:

4701 MERIDIAN AVENUE., SUITE 7460
MIAMI BEACH, FL 33140

New Principal Place of Business:

1045 95 ST
100
BAY HARBOR ISLANDS, FL 33154

Current Mailing Address:

4701 MERIDIAN AVENUE., SUITE 7460
MIAMI BEACH, FL 33140

New Mailing Address:

1045 95 ST
100
BAY HARBOR ISLANDS, FL 33154

FEI Number: 65-0501517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRUP, LAURENCE A
326 71ST STREET
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DIPIETRO, OLIVER R
Address: 259 POINCIANA ISLAND DRIVE
City-St-Zip: MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: DIPIETRO, OLIVER R
Address: 1045 95 ST
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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: OLIVER R. DI PIETRO

PRES

01/08/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date