

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005519 1. Entity Name ADJOINED CONSULTING, INC.	
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Principal Place of Business 5301 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126	Mailing Address 5301 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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03162004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-1039484	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

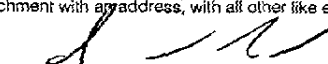
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROGERS, RODNEY J 5301 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DUNCAN, ANDREW 5301 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROSENBLUM, MICHAEL 5301 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD PRUITT, WILLIAM D 5301 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, KEVIN 5301 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO REED, DANIEL E 5301 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126

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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 like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>3/17/04</u> Daytime Phone # <u>305 423 2579</u>