2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G55261

1. Entity Name
MEDI-HEALTH OF FLORIDA, INC.

FILED
04 MAR -3 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01052004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
3820 STATE STREET SANTA BARBARA, CA 93105	%XXXXXXXXXXXX Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2320784 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEIGMAN, DONALD S 500 W. CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900029821569 03/03/04--01062--001 **17636.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA, CA 93105	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Secretary Caitlin M. Larsen 3820 State Street Santa Barbara, CA 93105 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA, CA 93105	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DENT, DENNIS L 3820 STATE STREET SANTA BARBARA, CA 93105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA, CA 93105	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Secretary Kristina A. Mack 3820 State Street Santa Barbara, CA 93105 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Kristina A. Mack Kristina A. Mack, Asst. Secretary 2/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #