


2004 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # H64102 1. Entity Name FL HEALTH COMPLEX, INC.	
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FILED

04 MAR -3 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105 US	Mailing Address 3820 STATE STREET SANTA BARBARA, CA 93105 US
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01052004 Chg-P CR2E034 (10/03)

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

4. FEI Number 95-3992793	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT 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
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DVS <input checked="" type="checkbox"/> Delete
NAME	SILVER, RICHARD B
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93105
TITLE	P <input type="checkbox"/> Delete
NAME	STEIGMAN, DONALD
STREET ADDRESS	500 W. CYPRESS CREEK RD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	T <input type="checkbox"/> Delete
NAME	DENT, DENNIS L
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93105
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	LARSEN, CAITLIN M
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93105
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caitlin M. Larsen
STREET ADDRESS	3820 State Street
CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600029821836
STREET ADDRESS	03/03/04--01062--001 **17636.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Asst. Secretary
STREET ADDRESS	Kristina A. Mack
CITY-ST-ZIP	3820 State Street
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Santa Barbara, CA 93105
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 2/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #