

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M78217

FILED
May 05, 2004
Secretary of State

Entity Name: HEALTH CARE SERVICES OF MISSISSIPPI, INCORPORATED

Current Principal Place of Business:

2600 TECHNOLOGY DRIVE
STE. 300
ORLANDO, FL 32804

New Principal Place of Business:

421 COLLEGE AVENUE
HAVERFORD, PA 19041 US

Current Mailing Address:

P.O. BOX 53-6576
ORLANDO, FL 328536576

New Mailing Address:

BOX 497
HAVERFORD, PA 19041 US

FEI Number: 59-2893038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PD () Delete
Name: CARTER, PHILIP L
Address: 2600 TECHNOLOGY DRIVE, STE. 300
City-St-Zip: ORLANDO, FL 32804

Title: T (X) Delete
Name: ZIOMEK, JANET L
Address: 2600 TECHNOLOGY DRIVE, STE. 300
City-St-Zip: ORLANDO, FL 32804

Title: SD (X) Delete
Name: MYERS, REBECCA L
Address: 2600 TECHNOLOGY DRIVE, STE. 300
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ALLISON, JAMES L
Address: BOX 497
City-St-Zip: HAVERFORD, PA 19041 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES L. ALLISON

PRES

05/05/2004

Electronic Signature of Signing Officer or Director

Date