2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2004 8:00 am Secretary of State

1. Entity Name	MENT # N98000004 AGES TRI-COUNTY MEDI					04-14-200	4 90033 012	****6	1.25
Principal Place of Business 1451 EL CAMINO REAL THE VILLAGES, FL 32159		Mailing Address 1451 EL CAMINO REAL ACCOUNTS PAYABLE THE VILLAGES, FL 32159			2	4041489 	87918 1180a		
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222004	Chg-NP	CR2E037 (10	/03)	
City & State		City & State			4. FEI Number 59-3527				lied For Applicable
Zip	Country	Zip	Country	5. Certificate		of Status Desired		5 Addit	ional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent		
		•	Nam	DAV	110 M.	SNYDE	= R		
UPTON, TERRY R DAVID M. SNY LET 1451 EL CAMINO REAL THE VILLAGES, FL 32159			Stree			r is Not Acceptabl			
			City				FL Z	p Code	
R The above	named entity submits this statement for	or the ourgose of changing its r	egistered offic	e or registe	ered agent, or both	n in the State of Fl		ır with. a	nd accent
	ions of registered agent.	Lude	vg/out/out omi				3/31/04		
SIGNATURE		- July					-70.70		
SIGNATURE	Signature, typed or printed name of registered agent	t and title it applicable. (NOTE:	Registered Agent s	ignature require	ed when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004		paign Financir		\$5.00 May Be Added to Fees	e			
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Financir	ng	\$5.00 May Be Added to Fees	e	DATE Make check pay- rida Departmen	t of Sta	ite
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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)(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 617, 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 DIRECTO

3/31/04

352 751 8003

Date

Daytime Phone #