2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# N99000006105

Entity Name: FLORIDA TISSUE SERVICES, INC.

Current Principal Place of Business:

913 GULF BREEZE PKWY.
UNIT #8
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

913 GULF BREEZE PKWY.
UNIT #8
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 59-3605624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANGHAM, DARICE
6605 EAST BAY BLVD.
GULF BREEZE, FL 32561

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LANGHAM, DARICE
Address: 6605 EAST BAY BLVD.
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: THOMPSON, RANDALL M.D.
Address: 913 GULF BREEZE PKWY. UNIT 8
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: COLLINS, CAROL R MS
Address: 5455 EXECUTIVE PLACE
City-St-Zip: JACKSON, MS 39206

Title: D ( ) Delete
Name: STRICKLAND, PATRICIA MRS
Address: 2185 AIRPORT BLVD
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: DR ( ) Change (X) Addition
Name: LEVINE, PHILIP J DDS,MS
Address: 6202 NORTH NINTH AVE, SUITE 1-B
City-St-Zip: PENSACOLA, FL 32504

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARICE LANGHAM CEO 01/12/2004

Electronic Signature of Signing Officer or Director — Date