2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| DOCUMENT # P0000091322 *  1. Entity Name  FLORIDA MEDI-COACH, INC.                                   |  |   |   | Apr 11, 2005 08:00 AN<br>Secretary of State  |
|--|--|---|---|--|
| Principal Place of Business Mailing Address  694 HAMMOCK ROAD  MELBOURNE FL 32904 MELBOURNE FL 32904 |  | D<br>04   |   |  |
| Principal Place of Business 3.   |  | 3. Mailing Address  | <del></del> ;   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   | MOORE CR2E034 (11/03)  |
| City & Sta   | ie   | City & State  |   | 4. FEI Number 59-3676181 Applied For Not Applicable  |
| Zip  | Country  | Ζiρ   | Соилtry   | 5. Certificate of Status Desired   |
|  | 6. Name and Address of Curre   | nt Registered Agent   |   | 7. Hame and Address of New Registered Agent  |
| USHER, STEVEN P<br>694 HAMMOCK ROAD<br>MELBOURNE FL 32904  |  |   | Name Street Add   | ddress (P.O. Box Number is Not Acceptable)   |
|  | itions of registered agent.  |   | City s registered office or r   | FL Zip Code registered agent, or both, in the State of Florida. I am familiar with, and accept the required when remainting)  DATE   |
| Afte   | FILE NOW!!! FEE IS \$150.00<br>er May 1, 2004 Fee will be \$550.0<br>k Payable to Florida Department   |   |   | 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees   |
| TIO.  HITLE  NAME  STREET ADDRESS  GITY-ST-ZIP   | PTD<br>USHER, STEVEN P   | ID DIRECTORS  Delete  | 11.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  U00000238754  04/11/05-80079-014 150.00  |
| TITLE HAME STREET ADDRESS CITY-ST-ZEP  | STD<br>USHER, JOAN M<br>694 HAMMOCK ROAD<br>MELBOURNE FL 32904   | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   | ☐ Change ☐ Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   | ☐ Change ☐ Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   | ☐ Change ☐ Addition  |
| TITLE NAME STREET AUDRESS CITY-ST-ZIP  |  | Delete  | TMLE NAME STREET ADDRESS CITY-ST-ZIP                                    | ☐ Change ☐ Addition  |
| TITLE NAME STREET ADDRESS CRY-ST-ZIP   | -  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   | ☐ Change ☐ Addition  |
| 12. I hereby of indicated of the conchanged,   | certify that the information supplied wi<br>on this report or supplemental report<br>poration or the receiver or trustee em<br>or on an attachment with an address | ith this filing does not qualify to<br>is true and accurate and that<br>powered to execute this report<br>with all other like empowered | r the exemption state<br>my signature shall have<br>as required by Chap | ed in Section 119.07(3)(i), Florida Statutes. I further certily that the information ave the same legal effect as if made under oath, that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |

Steven Usher

SIGNATURE: Steven