

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059418

FILED
Apr 08, 2004
Secretary of State

Entity Name: ADMINISTRATIVE HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

3107 SPRING GLEN ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

3107 SPRING GLEN ROAD
SUITE 200
JACKSONVILLE, FL 32207

Current Mailing Address:

3524 PINTAIL DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 57-1178574 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HEEKIN, T.GEOFFREY ESQ.
ONE INDEPENDENT DRIVE, SUITE 2200
JACKSONVILLE, FL 32202 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: PTD () Delete
Name: RALSTON, NANCY G
Address: 3524 PINTAIL DRIVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NANCY G. RALSTON

MS.

04/08/2004

Electronic Signature of Signing Officer or Director

Date