


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91241 015 \*\*\*150.00

**DOCUMENT # P03000077850**

1. Entity Name  
**FLORIDA HEALTH SOURCE OF TAMPA, INC.**




Principal Place of Business      Mailing Address  
**350 JIM MORAN BLVD.**      **350 JIM MORAN BLVD.**  
**DEEFIELD BEACH, FL 33442**      **DEEFIELD BEACH, FL 33442**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04292004      Chg-P      CR2E034 (10/03)

4. FEI Number  
**20-0271082**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

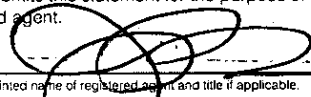
**6. Name and Address of Current Registered Agent**

**BROVENICK, EVAN**  
**350 JIM MORAN BLVD.**  
**DEEFIELD BEACH, FL 33442**

**7. Name and Address of New Registered Agent**

Name **Jonathan Bloom, Esq**  
 Street Address (P.O. Box Number is Not Acceptable) **Bloom Batten and Freeling**  
**2295 NW Corporate Blvd, Ste 117**  
 City **Boca Raton**      FL      Zip Code **33431**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE **5/29/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	<b>BROVENICK, EVAN</b>	
STREET ADDRESS	<b>350 JIM MORAN BLVD.</b>	
CITY-ST-ZIP	<b>DEEFIELD BEACH, FL 33442</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>BLECHMAN, DAVID</b>	
STREET ADDRESS	<b>350 JIM MORAN BLVD.</b>	
CITY-ST-ZIP	<b>DEEFIELD BEACH, FL 33442</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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:**       Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR