2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# P03000107615

Entity Name: HEALTHAMERICA PATIENT SYSTEMS, INC.

Current Principal Place of Business:

209 CARLTON STREET
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

209 CARLTON STREET
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 20-0265263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERICA, SCHEIPSMEIER
209 CARLTON STREET
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

KABA, MOISES
19402 N.W. 82 CT
MIAMI, FL 33015 US

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: MOISES KABA 01/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DULUC, LUIS M
Address: 209 CARLTON STREET
City-St-Zip: WAUCHULA, FL 33873

Title: VP ( ) Delete
Name: SCHEIPSMEIER, ERICA
Address: 209 CARLTON STREET
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: KABA, MOISES
Address: 19402 N.W. 82 CT
City-St-Zip: MIAMI, FL 33015

Title: VPT (X) Change ( ) Addition
Name: DULUC, LUIS M
Address: 2716 CAMBRIDGE AVE
City-St-Zip: LAKELAND, FL 3803

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: MOISES KABA PS 01/28/2004
Electronic Signature of Signing Officer or Director Date