2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000011560

FILED Apr 27, 2004 Secretary of State

Entity Name: GRI OF WEST FLORIDA, INC.							
Current Principal Place of Business:			N	New Principal Place of Business:			
5423 N. 591 TAMPA, FL		S					
Current Mailing Address:			N	New Mailing Address:			
3323 W COMMERCIAL BLVD STE 200							
FORT LAUDERDALE, FL 33309 US							
FEI Number: 65-0398256 FEI Number Applied For () FE			FEI Numb	Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name ar					Address of	New Registered Agent:	
1200 S. PIN PLANTATIO	PRATION SY IE ISLAND R DN, FL 3332 named entity of Florida.	OAD 4 US	ourpose of c	changing its	s registered	d office or registered agent, or both,	
SIGNATUR							
	Electro	nic Signature of Registered Age	ent			Date	
Election Cam	paign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MOZIAN, GER 3323 W COMI) Delete ARD P MERICAL BLVD STE 200 RDALE, FL 33309 US	N A	itle: lame: \ddress: Dity-St-Zip:	MOZIAN, GE 3323 W CON	(X) Change()Addition RARD P IMERICAL BLVD STE 200 ERDALE, FL 33309 US	
Title: Name: Address: City-St-Zip:	BURKS, JEFF 3323 W COMI) Delete ERY K MERCIAL BLVD STE 200 RDALE, FL 33309 US	N A	itle: lame: .ddress: city-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P (WILLIS, JEFF 5423 N 59TH TAMPA, FL 33	ST	N A	itle: lame: \ddress: City-St-Zip:	P LUCKER, JA 5423 N 59TH TAMPA, FL	IST	
Title: Name: Address: City-St-Zip:	FISHER, JANN 3323 W. COM) Delete NI MERCIAL BLVD. SUITE 200 IALE, FL 33309	N A	itle: lame: \ddress: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete	N A	itle: lame: kddress: City-St-Zip:	SPITZER, JE 3323 W. COI	() Change (X) Addition EFF MMERCIAL BLVD., SUITE 200 DALE, FL 33309	

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: JANN I FISHER VS 04/27/2004