

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90407 015 ***150.00

DOCUMENT # P94000020514 1. Entity Name CARO-TEN MEDICAL SERVICES, INC.																											
Principal Place of Business 6630-B CENTRAL AVENUE PIKE KNOXVILLE, TN 37932		Mailing Address 1040 GARDNER ROAD UNIT 1-B CHARLESTON, SC 29407																									
2. Principal Place of Business 5112 South College Suite, Apt. #, etc. Suite B		3. Mailing Address 4111 S.W. 34th St. Suite, Apt. #, etc.																									
City & State Ft. Collins CO		City & State Orlando, FL																									
Zip 80525 USA		Zip Country																									
4. FEI Number 65-0509046		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LOFTIS, JAMES M 843 GROVESMERE LOOP OCOE, FL 34761-5624		7. Name and Address of New Registered Agent Name Barbara Lee Street Address (P.O. Box Number is Not Acceptable) 4121 SW 34th Street City Orlando FL Zip Code 32811																									
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 <u><i>Barbara Lee</i></u> DATE <u>4/30/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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: <u><i>W.P. Kennedy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/28/04 (407) 999-2225</u> <small>Date Daytime Phone #</small>																									