2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085323

Entity Name: LIFESOURCE MEDICAL, INC.

FILED Feb 11, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

286 CURLEW ST 31629 LONG ACRES DRIVE ALTAMONTE SPRINGS, FL 32701

SUITE 2

SORRENTO, FL 32776

Current Mailing Address: New Mailing Address:

286 CURLEW ST 31629 LONG ACRES DRIVE ALTAMONTE SPRINGS, FL 32701 SUITE 2

SORRENTO, FL 32776

FEI Number: 59-3535679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUGHES, MATTHEW S HUGHES, MATTHEW S 286 CURLEW ST 31629 LONG ACRES DRIVE ALTAMONTE SPRINGS, FL 32701 SUITE 2

SORRENTO, FL 32776

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: MATTHEW S. HUGHES 02/11/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HUGHES, MATTHEW S HUGHES, MATTHEW S Name: Name: 286 CURLEW ST Address:

31629 LONG ACRES DRIVE, SUITE 2 Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: SORRENTO, FL 32776

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 Statutés. 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: MATTHEW S. HUGHES 02/11/2004 D