2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004
Secretary of State

DOCUMENT# 761615

Entity Name: GREENSCAPE OF JACKSONVILLE, INC.

Current Principal Place of Business:

4401 EMERSON STREET
SUITE 3
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4401 EMERSON STREET
SUITE 3
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2283261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOOLEY, ANNA M
4401 EMERSON ST, STE 3
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: TAYLOR, LISA
Address: 1851 MALLORY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: PD ( ) Delete
Name: ANDREWS, BRUCE
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD ( ) Delete
Name: LEE, SALLY
Address: 1831 WOODMERE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete
Name: ELMORE, KELLY
Address: 1650 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VD ( ) Delete
Name: ROSENBLOOM, STEVE
Address: 1417 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MD ( ) Delete
Name: DOOLEY, ANNA M
Address: 4401 EMERSON ST SUITE 3
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: TAYLOR, LISA
Address: 1851 MALLORY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: TR (X) Change ( ) Addition
Name: GEUTHER, STEVE
Address: 4401 EMERSON STREET STE 3
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD (X) Change ( ) Addition
Name: LEE, SALLY
Address: 1831 WOODMERE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA M. DOOLEY MD 03/11/2004

Electronic Signature of Signing Officer or Director — Date