

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004093

FILED
May 05, 2004
Secretary of State

Entity Name: CENTRAD HEALTHCARE, INC.

Current Principal Place of Business:

184 SHUMAN BLVD., SUITE 130
NAPERVILLE, IL 60563

New Principal Place of Business:

Current Mailing Address:

184 SHUMAN BLVD., SUITE 130
NAPERVILLE, IL 60563

New Mailing Address:

FEI Number: 36-4367825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURFIELD, TIMOTHY L
Address: 184 SHUMAN BLVD., SUITE 130
City-St-Zip: NAPERVILLE, IL 60563

Title: VD () Delete
Name: FREEDMAN, MICHAEL B
Address: 124 WEST PUTNUM AVE.
City-St-Zip: GREENWICH, CT 06830

Title: PD () Delete
Name: KORSLIN, WILLIAM R
Address: 3020 RED OAK DRIVE
City-St-Zip: HARVARD, IL

Title: VSTD () Delete
Name: WALLACE, CHARLES R
Address: 184 SHUMAN BLVD., SUITE 130
City-St-Zip: NAPERVILLE, IL 60563

Title: V () Delete
Name: CASSIDY, MELISSA
Address: 184 SHUMAN BLVD., SUITE 130
City-St-Zip: NAPERVILLE, IL 60563

Title: V () Delete
Name: GRAN, GEOFFREY
Address: 184 SHUMAN BLVD., SUITE 130
City-St-Zip: NAPERVILLE, IL 60563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: V (X) Change () Addition
Name: MCKAY, JILL
Address: 184 SHUMAN BLVD., SUITE 130
City-St-Zip: NAPERVILLE, IL 60563

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

SIGNATURE: JILL MCKAY

V

05/05/2004

Electronic Signature of Signing Officer or Director

_____ Date