


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90014 013 \*\*\*150.00

<b>DOCUMENT # F01000005134</b>	
<b>1. Entity Name</b> LIFEMARK PARTNERS, INC.	

<b>Principal Place of Business</b> 301 NORTH CHARLES STREET STE 605 BALTIMORE MD 21201	<b>Mailing Address</b> 301 NORTH CHARLES STREET STE 605 BALTIMORE MD 21201
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<b>2. Principal Place of Business</b> 575 South Charles Street Suite, Apt. #, etc. Suite 505 City & State Baltimore, MD Zip 21201 Country USA	<b>3. Mailing Address</b> 575 South Charles Street Suite, Apt. #, etc. 505 City & State Baltimore, MD Zip 21201 Country USA
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MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 88-0352979	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P <b>NAME</b> WINGATE, REBECCA <b>STREET ADDRESS</b> 12001 OPEN RUN RD <b>CITY-ST-ZIP</b> ELLICOTT CITY MD	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> TESSLER, MICHAEL <b>STREET ADDRESS</b> 13523 WESTON PARK DR. <b>CITY-ST-ZIP</b> TOWN & COUNTRY MO	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> BLANK, MICHAEL <b>STREET ADDRESS</b> 282 WINDING WAY <b>CITY-ST-ZIP</b> MERION PA	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> CROWLEY, BARBARA <b>STREET ADDRESS</b> 1669 NW 100TH PL <b>CITY-ST-ZIP</b> DES MOINES IA	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> C <b>NAME</b> FLYNN, MICHAEL <b>STREET ADDRESS</b> 5118 GENESTA AVE. <b>CITY-ST-ZIP</b> ENCINO CA	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> CFO <b>NAME</b> SKLAR, MALCOM <b>STREET ADDRESS</b> 20 THANKFUL BRADLEY RD <b>CITY-ST-ZIP</b> REDDING CT	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Rebecca Wingate 2/19/04 410 837-3022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #