

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000000435

1. Entity Name

ENHANCED RECOVERY CORPORATION



Principal Place of Business

**10550 DEERWOOD PARK BLVD., STE 600
JACKSONVILLE, FL 32256**

Mailing Address

**10550 DEERWOOD PARK BLVD., STE 600
JACKSONVILLE, FL 32256**



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1680696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST.
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000099862
03/31/04-80021-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMPSON, MARK A
STREET ADDRESS 10550 DEERWOOD PARK BLVD, STE 600
CITY-ST-ZIP JACKSONVILLE, FL

TITLE SD
NAME MOQUIN, KIRK
STREET ADDRESS 10550 DEERWOOD PARK BLVD, STE 600
CITY-ST-ZIP JACKSONVILLE, FL

TITLE CTD
NAME SCHANCK, JOHN
STREET ADDRESS 10550 DEERWOOD PARK BLVD, STE 600
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mark A. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A. THOMPSON

Date

3.24.2004 (904) 645-0019
Daytime Phone #