


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90057 050 \*\*\*150.00

<b>DOCUMENT # F02000002592</b> 1. Entity Name <b>MHC/CSI FLORIDA, INC.</b>					
Principal Place of Business <b>ONE RAVINIA DRIVE, SUITE 1500 ATLANTA, GA 30346</b>			Mailing Address <b>ONE RAVINIA DRIVE, SUITE 1500 ATLANTA, GA 30346</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGER, DARREL		NAME		
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTRY, BOYD P		NAME		
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANGINE, JOHN		NAME		
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOTERMANN, JOHN		NAME		
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	VAT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAUB, WILLIAM C		NAME		
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, MICHAEL		NAME		
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
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: <u>Wynn G. Sims</u>			Wynn G. Sims		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1/21/04</u>		
			Daytime Phone #: <u>678-443-7000</u>		

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44004351

## Directors, Officers Report

**MHC/CSI Florida, Inc.**

## Steven S. Heinrichs

None given

**Director**

## Michael Turner

Home  
Address:

2607 S. Woodland Blvd.  
#149  
Deland, FL 32720

**Director**

**Darrell D. Zurovec**

Home  
Address:

1900 Mistywood Drive  
Austin, TX 78746

**Director**

**Boyd P. Gentry**

Home Address:

48 Northwood Avenue  
Atlanta, GA 30309

### Vice President and Treasurer

**William C. Straub**

Home Address:

24523 Bay Hill Blvd.  
Katy, TX 77494 USA

### Vice President and Assistant Treasurer

**Darrell D. Zurovec**

Home Address:

1900 Mistywood Drive  
Austin, TX 78746

**Vice President and Assistant Secretary**

**Stefano M. Miele**

Home Address:

325 Hunting View Court  
Atlanta, GA 30328

**Secretary**

**Wynn G. Sims**

Home Address:

629 Carriage Drive  
Atlanta, GA 30328 USA

**Assistant Secretary**