2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# F02000003173

Entity Name: PLUS ONE CLINICS, INC.

Current Principal Place of Business:

4803 DEER LAKE DRIVE WEST
75 MAIDEN LANE, SUITE 801
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

C/O PLUS ONE HOLDINGS, INC.
75 MAIDEN LANE, SUITE 801
NEW YORK, NY 10038

New Mailing Address:

FEI Number: 13-3421045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOTTA, MICHAEL
Address: C/O 75 MAIDEN LANE, SUITE 801
City-St-Zip: NEW YORK, NY 10038

Title: ST ( ) Delete
Name: HORNE, WILLIAM M
Address: C/O 75 MAIDEN LANE, SUITE 801
City-St-Zip: NEW YORK, NY 10038

Title: D ( ) Delete
Name: BRUNO, PETER
Address: C/O 75 MAIDEN LANE, SUITE 801
City-St-Zip: NEW YORK, NY 10038

Title: D ( ) Delete
Name: DEMARZO, TOM
Address: C/O 75 MAIDEN LANE, SUITE 801
City-St-Zip: NEW YORK, NY 10038

Title: D ( ) Delete
Name: HOCHMAN, CARL
Address: C/O 75 MAIDEN LANE, SUITE 801
City-St-Zip: NEW YORK, NY 10038

Title: D ( ) Delete
Name: SCUILLI, DON
Address: C/O 75 MAIDEN LANE, SUITE 801
City-St-Zip: NEW YORK, NY 10038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: SHAFRAN, JAY
Address: C/O 75 MAIDEN LANE, SUITE 801
City-St-Zip: NEW YORK, NY 10038

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:

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: MICHAEL MOTTA PD 06/30/2004

Electronic Signature of Signing Officer or Director — Date