

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003866

FILED
Jan 06, 2004
Secretary of State

Entity Name: MEDIVEST BENEFIT ADVISORS, INC

Current Principal Place of Business:

2100 ALAFAYA TRAIL
SUITE 201
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

351 PASEO NUEVO
SANTA BARBARA, CA 93101

New Mailing Address:

FEI Number: 77-0445397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARSON, ROBERT
2100 ALAFAYA TRAIL
SUITE 201
OVIEDO, FL 32765

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: C () Delete
Name: BENNETT, DONALD
Address: 351 PASEO NUEVO
City-St-Zip: SANTA BARBARA, CA 93101

Title: PT () Delete
Name: BRAND, DOUGLAS
Address: 351 PASEO NUEVO
City-St-Zip: SANTA BARBARA, CA 93101

Title: S () Delete
Name: BENNETT, TERRI
Address: 351 PASEO NUEVO
City-St-Zip: SANTA BARBARA, CA 93101

Title: VP () Delete
Name: BARSON, ROBERT
Address: 2100 ALAFAYA TRAIL, SUITE 201
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: BENNETT, DONALD
Address: 351 PASEO NUEVO
City-St-Zip: SANTA BARBARA, CA 93101

Title: CEO (X) Change () Addition
Name: BRAND, DOUGLAS
Address: 351 PASEO NUEVO
City-St-Zip: SANTA BARBARA, CA 93101

Title: SEC (X) Change () Addition
Name: BENNETT, TERRI
Address: 351 PASEO NUEVO
City-St-Zip: SANTA BARBARA, CA 93101

Title: PRES (X) Change () Addition
Name: BARSON, ROBERT
Address: 2100 ALAFAYA TRAIL, SUITE 201
City-St-Zip: OVIEDO, FL 32765

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: ROBERT BARSON

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

Date