

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002803

Entity Name: ALTIMATE MEDICAL INC.

FILED  
Jan 22, 2004  
Secretary of State

## Current Principal Place of Business:

PO BOX 180  
MORTON, MN 562700180

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 180  
MORTON, MN 562700180

## New Mailing Address:

FEI Number: 41-1595309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOLKES, ALAN  
600 MARKET STREET #210  
CELEBRATION, FL 34747 US

## Name and Address of New Registered Agent:

THOLKES, ALAN  
3956 TOWN CENTER BLVD  
ORLANDO, FL 32837 US

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: TODD THOLKES

01/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: THOLKES, ALAN L  
Address: 600 MARKET STREET #210  
City-St-Zip: CELEBRATION, FL 34747

Title: VP ( ) Delete  
Name: THOLKES, TODD  
Address: BOX 5  
City-St-Zip: VESTA, MN 56292

Title: DST ( ) Delete  
Name: IVERSON, LEROY K  
Address: 405 VEDA DRIVE  
City-St-Zip: REDWOOD FALLS, MN 56283

Title: D ( ) Delete  
Name: VOLLMER, TOM  
Address: 1355 MENDOTA HEIGHTS ROAD, STE 160  
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: D ( ) Delete  
Name: THOLKES, JIM  
Address: 1314 NORTH 14TH STREET  
City-St-Zip: ESTHERVILLE, IA 51334

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: THOLKES, ALAN L  
Address: 3956 TOWN CENTER BLVD  
City-St-Zip: ORLANDO, FL 32837

Title: VP (X) Change ( ) Addition  
Name: THOLKES, TODD  
Address: 114 BURR OAK ROAD  
City-St-Zip: REDWOOD FALLS, MN 56283

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: TODD THOLKES

VP

01/22/2004

Electronic Signature of Signing Officer or Director

Date