

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90328 050 ***150.00

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04202004 Chg-P CR2E034 (10/03)

DOCUMENT # F95000001165 1. Entity Name ELITE MEDICAL, INC.			
Principal Place of Business 1979 LAKESIDEW PKWY STE 250 TUCKER, GA 30084 US		Mailing Address 1979 LAKESIDEW PKWY STE 250 TUCKER, GA 30084 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address One Independent Dr. 8th Floor Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32202	Country USA	4. FEI Number 58-1970270	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MONTI, PHILIP ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUTOR, TYRA ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAT ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, GREGORY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>Michael Gerard Robinson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-28-04</u> Daytime Phone #: <u>904-360-2704</u>	

Attachment F95000001165-14013851

Officers and Board of Directors		
Title	Name	Business Address
Vice President/Treasurer	Philip Monti	One Independent Drive Jacksonville, FL 32202
Secretary	Tyra Tutor	One Independent Drive Jacksonville, FL 32202
Chief Executive Officer	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
VP of Taxes/Asst Treasurer	Gerald Robinson	One Independent Drive Jacksonville, FL 32202
Director	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Director	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Director	Gregory D. Holland	One Independent Drive Jacksonville, FL 32202