2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 12, 2004 8:00 am **Secretary of State** DOCUMENT # F97000003433 1. Entity Name 03-12-2004 90029 018 ***150.00 STANDARD HEALTH CARE, INC. Principal Place of Business Mailing Address 1880 NE 163RD ST, SUITE 102 P.O. BOX 601114 MIAMI FL 33160 NORTH MIAMI FL 33162 2. Principal Place of Business 3. Mailing Address 102 Chase Run 102 Chase Run Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 52-1633954 Destin, FLDestin, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32541 32541 Fee Required Okaloosa Okaloosa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Small, Ralph SMALL, RALPH Street Address (P.O. Box Number is Not Acceptable) 102 Chase Run 102 CHASE RVA DESTIN FL 32541 City Zip Code 32541 Destin 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. Ralph Small, President SIGNATURE Signature, typed or (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CPVS** TITLE ☐ Delete TITLE **CPVST** ☐ Addition NAME SMALL, RALPH NAME Small, Ralph 102 CHASE RUN STREET ADDRESS STREET ADDRESS 102 Chase Run DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP Destin, FL 32541 TITLE X Delete TITLE ☐ Change Addition NAME SMALL, RALPH NAME STREET ADDRESS 1880 NE 163RD ST, SUITE 102 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33162 CITY-ST-ZIP Delete TITLE ■ Addition ☐ Change STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Ralph Small, President

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