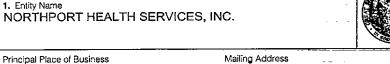
## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # F99000002773** NORTHPORT HEALTH SERVICES, INC.

**FILED** Apr 23, 2004 08:00 AM Secretary of State



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931 FAIRFAX PARK

TUSCALOOSA, AL 35406

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0942693

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

931 FAIRFAX PARK TUSCALOOSA, AL 35406

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<ol><li>The above named entity submits this statement for the the obligations of registered agent.</li></ol>	ourpose of changing its registered office of registered agent, or bo	n, in the State of Florida. 1 am lamiliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00	9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution  Added to Fees	U00000127285 04/23/04-80068-008 150 00

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

Trust Fund Contribution.

04/23/04-80068-008 150.00

OFFICERS AND DIRECTORS 10. PDT TITLE ESTES, J. NORMAN NAME 931 FAIRFAX PARK STREET ADDRESS TUSCALOOSA, AL 334062805 CITY-ST-ZIP TITLE LEE, CLAUDE NAME STREET ADDRESS 931 FAIRFAX PARK TUSCALOOSA, AL 35406 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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:	Christopher	R Druxs	ASST	CONTROLL
		DED OR EDINTED HA		

205-391-3608