2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# F99000004743

Entity Name: PERFORMANCE HEALTH, INC.

Current Principal Place of Business:

1017 BOYD ROAD
EXPORT, PA 15632

New Principal Place of Business:

Current Mailing Address:

1017 BOYD ROAD
EXPORT, PA 15632

New Mailing Address:

FEI Number: 25-1686397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISENBERG, PERRY
1303 N STATE ROAD 7
SUITE #6 2ND FLOOR
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

ISENBERG, PERRY
1303 N STATE ROAD 7
SUITE #1 2ND FLOOR
MARGATE, FL 33063 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: _____ 01/07/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ISENBERG, PERRY
Address: 5055 NW 96TH WAY
City-St-Zip: POMPANO BEACH, FL 33076

Title: V ( ) Delete
Name: COX, CHRISTOPHER
Address: 137 WHITETAIL DR
City-St-Zip: HARRISON CITY, PA 15636

Title: V ( ) Delete
Name: COX, CRAIG
Address: BOX 309
City-St-Zip: DELMONT, PA 15626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ISENBERG, PERRY
Address: 5055 NW 96TH WAY
City-St-Zip: CORAL SPRINGS, FL 33076

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: CHRISTOPHER COX V 01/07/2004
Electronic Signature of Signing Officer or Director — Date