2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

FILED Feb 11, 2004 08:00 AM Secretary of State

DOCUMENT # F9900005283 1. Entity Name JOHN P. MCDONOUGH, C.R.N.A., P.C.				Secretary of State	
Principal Place of Br 2836 GULFVIEW D NAPLES, FL 3411	R	Mailing Address 2836 GULFVIEW DR NAPLES, FL 34112			
DO NOT WRITE IN THIS SPAC			CE	01172004 No Chg-P CR2E034 (10/03) 4. FEI Number	
6. Name and Address of Current Registered Agent MCDONOUGH, JOHN P 2836 GULFVIEW DR NAPLES, FL 34112				DO NOT WRITE IN THIS SPACE	
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 Signature, those or prince trains of registered agent and title Healphicable (NOTE. Registered Agent algorithm reinstading)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees U00000046185 U2/11/04-80032-015 150.00	
STREET ADDRESS 283	OFFICERS AND D DONOUGH, JOHN P 6 GULFVIEW DR PLES, FL 341125865	RECTORS			
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 by 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 udspec 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 abdress with all other like empowered.					

ED NAME OF SIGNING OFFICER OR DIRECTOR