

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # G55261</b> 1. Entity Name <b>MEDI-HEALTH OF FLORIDA, INC.</b>						<b>FILED</b>  <b>04 MAR -3 AM 10:32</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b>				Mailing Address <del>%MARY H. MACK</del> <b>Sherrie Smith</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>59-2320784</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01052004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEIGMAN, DONALD S</b> <b>500 W. CYPRESS CREEK RD.</b> <b>FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900029821569</b> <b>03/03/04--01062--001 **17636.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>SILVER, RICHARD B</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/Secretary</b> <b>Caitlin M. Larsen</b> <b>3820 State Street</b> <b>Santa Barbara, CA 93105</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>SILVER, RICHARD B</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DENT, DENNIS L</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LARSEN, CAITLIN M</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Secretary</b> <b>Kristina A. Mack</b> <b>3820 State Street</b> <b>Santa Barbara, CA 93105</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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.							
<b>SIGNATURE:</b> <u>Kristina A. Mack</u> <b>Kristina A. Mack, Asst. Secretary</b> <u>2/30/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							