2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Giudiœ

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # J19580 1. Entity Name TALLAHASSEE CARDIOPULMONARY REHABILITATION 04 APR 30 AM 9: 04 AND FITNESS CENTER, INC. SECRETARY OF STATE Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 1401 CENTERVILLE ROAD 1401 CENTERVILLE ROAD BOX 210 **BOX 210** TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 59-2688897 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, JUDY D Street Address (P.O. Box Number is Not Acceptable) 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308 City 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... Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. XX Addition TITLE X Delete TITLE Change Mark O'Bryant MOORE, DUNCAN NAME NAME STREET ADDRESS 1300 MICCOSUKEE RD STREET ADDRESS 1300 Miccosukee RD CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP Tallahassee, FL 32308 TITLE ☐ Delete TITLE Change ☐ Addition GIUDICÈ, WILLIAM NAME NAME 1300 MICCOSUKEE RD STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL CITY-ST-ZIP CITY-ST-ZIP -100026043621 05/11/04--01032--004 ****150. TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE 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

850-431-5238

Daytime Phone #