2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31759

Entity Name: FUTURE HEALTH, INC.

FILED Apr 28, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1200 S. PINE ISLAND RD 300 S. PINE ISLAND ROAD

320 314

PLANTATION, FL 33324 US PLANTATION, FL 33324 US

Current Mailing Address: New Mailing Address:

1200 S. PINE ISLAND RD 300 S. PINE ISLAND RD

PLANTATION, FL 33324 US PLANTATION, FL 33324 US

FEI Number: 59-2731922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAYLESS, THOMAS
1200 S. PINE ISLAND RD
320

BAYLESS, THOMAS
300 S. PINE ISLAND RD
314

PLANTATION, FL 33324 PLANTATION, FL 33324

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: THOMAS R. BAYLESS 04/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

Title: PD () Delete Title: PD (X) Change () Addition Name: BAYLESS, THOMAS, Name: BAYLESS, THOMAS,

Address: 200 E LAS OLAS BLVD., SUITE 2100 Address: 300 S. PINE ISLAND ROAD, SUITE 314

City-St-Zip: FT LAUDERDALE, FL City-St-Zip: PLANTATION, FL 33324 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 BAYLESS, PATRICIA,
 Name:

 Address:
 200 E LAS OLAS BLVD
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL
 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: THOMAS R. BAYLESS PRES 04/28/2004