

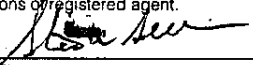
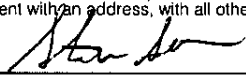


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90070 019 ***150.00

DOCUMENT # K06325 1. Entity Name HILLIARD HEALTHCARE, INC.					
Principal Place of Business 2317 BLANDING BLVD., SUITE 204A JACKSONVILLE, FL 32210				Mailing Address 2317 BLANDING BLVD., SUITE 204A JACKSONVILLE, FL 32210	
2. Principal Place of Business 1900 Amelia Trace Ct Suite, Apt. #, etc. SUITE 200 City & State FERNANDINA BEACH FL Zip 32034 Country USA		3. Mailing Address 1900 Amelia Trace Ct Suite, Apt. #, etc. SUITE 200 City & State FERNANDINA BEACH FL Zip 32034 Country USA		24051716 	
4. FEI Number 59-2863371				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELL, STEVEN W 614 LITTLE PINEY ISLAND FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name Steven Sell Street Address (P.O. Box Number is Not Acceptable) 1900 Amelia Trace Ct SUITE 200 City FERNANDINA BEACH FL Zip Code 32034	
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  STEVEN W SELL DATE 4/20/4 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees 150-	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELL, STEVEN 614 LITTLE PINEY ISLAND FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	
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	
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	
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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.					
SIGNATURE:  STEVEN W SELL DATE 4/20/4 DAYTIME PHONE # 9043211909 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					