


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90021 004 ***150.00

DOCUMENT # K45999 1. Entity Name SANDRA ROBERTS, D.C., P.A.	
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Principal Place of Business 22 N JOHN YOUNG PKWY KISSIMMEE FL 34741 US	Mailing Address 22 N JOHN YOUNG PKWY KISSIMMEE FL 34741 US
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2. Principal Place of Business 22 N. John Young Pkwy Suite, Apt. #, etc.	3. Mailing Address 22 N. John Young Pkwy Suite, Apt. #, etc.
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City & State Kissimmee, FL	City & State Kissimmee FL
Zip 34741	Country US

4. FEI Number 59-2921708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, SANDRA 22 N. JOHN YOUNG PARKWAY KISSIMMEE FL 34741	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>S. Roberts</u> President 1-26-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
T NAME ROBERTS, JOHN GREGORY STREET ADDRESS 7960 HAPPY TRAILS CITY-ST-ZIP KISSIMMEE FL 34746	<input type="checkbox"/> Delete
VP NAME HANCOCK, PAUL D STREET ADDRESS 524 MINNESOTA AVE CITY-ST-ZIP ST CLOUD FL	<input type="checkbox"/> Delete
P NAME ROBERTS, SANDRA STREET ADDRESS 22 N. JOHN YOUNG PARKWAY CITY-ST-ZIP KISSIMMEE FL 34741	<input type="checkbox"/> Delete
D NAME WAYHAM, BRUCE STREET ADDRESS 2918 BRIARGROVE CITY-ST-ZIP SAN ANGELO TX 76904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (ADDRESS) 8795 Rens TRAIL Kissimmee FL 34747
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"/> Change <input type="checkbox"/> Addition
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"/> 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: <u>S. Roberts</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-26-04 407-847-6788 Date Daytime Phone #