2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# L01000003611

Entity Name: HEALTH FLEET, LLC

Current Principal Place of Business:

P.O. BOX 1559
PONTE VEDRA BEACH, FL 32004

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1559
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 59-3715946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MEM ( ) Delete
Name: BURNS, FRASER C
Address: P.O. BOX 1559
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: MEM ( ) Delete
Name: ROBERTS, MATT
Address: 6432 MOCKINGBIRD LANE
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BURNS, FRASER C
Address: P.O. BOX 1559
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: MGR (X) Change ( ) Addition
Name: ROBERTS, MATT
Address: 6432 MOCKINGBIRD LANE
City-St-Zip: JACKSONVILLE, FL 32219

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRASER BURNS MGR 03/31/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date