
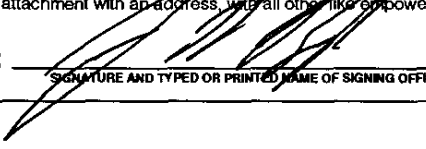


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90245 039 \*\*\*150.00

<b>DOCUMENT # L40219</b> 1. Entity Name <b>CONCIRE CENTERS, INC.</b>		
Principal Place of Business <b>411 COMMERCIAL CT. STE E VENICE, FL 34292 US</b>	Mailing Address <b>411 COMMERCIAL CT. STE E VENICE, FL 34292 US</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  <b>BINGHAM, JAMES H. 411 COMMERCIAL CT. STE E VENICE, FL 34292</b>		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>BINGHAM, JAMES H. 411 COMMERCIAL CT., STE E VENICE, FL 34292</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>OAKLEY, THOMAS E. 101 ABC ROAD LAKE WALES, FL</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>OAKLEY, THOMAS E. 101 ABC ROAD LAKE WALES, FL</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b>  <b>JAMES H. BINGHAM</b> <span style="float: right;">4/21/04 941-489-0270</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		