FILED May 09, 2005 8:00 am Secretary of State

2003	1401-1				AIMI	.01
	A	NNU	AL RE	PORT		
						

Pinicipal Place of Business 120 ANCHOR DRIVE REY LARGO, FL 33037 2. Pinicipal Place of Business Sulfa, April, #, etc. Sulfa, April, #, etc. Sulfa, April, #, etc. City & State City	1. Entity Nam THE PALI	MENT # N0000003 MS AT CORAL LANE CONI TION, INC.		05-09-200	5 90289 001 °	****61	25		
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City & State Country City & State	2. Principal P	lace of Business	3. Mailing Address	·					
Zip Country Zip Country Size Country Size Country Size Country Size Country Size Status Desired \$65-1011535 \$Not Applicable \$75. Additional Fee People of People	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04132005	Chg-NP	CR2E037 (1	10/03)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above ramed only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the orbigations of registe	City & State	e	City & State	City & State				<u> </u>	
MOSS, EVELYN 120 ANCHOR DRIVE KEY LARGO, FL 33037 6. 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 Filing Foe is \$61.25 Due by May 1, 2005 Filing Foe is \$61.25 Addition Superior Inventor Inventoring In	Zip	Country	Zip	Country	5. Certificate of	5 Certificate of Status Desired S8.75 Addition			
MOSS, EVELYN 120 ANCHOR DRIVE KEY LARGO, FL 33037 City FL Zip Code		6. Name and Address of Current	Registered Agent		7. Name and	Address of Nev	Registered Agen	11	
City FL Zip Code 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 Signature hypedro printed larger and their flaphocable.	120 ANCH	OR DRIVE			ress (P.O. Box Number	is Not Accepta	ble)		
B. The above named analty 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 Tilling Foe is \$61.25	KEY LARG	6O, FL 33037							
8. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature				City			FL	Zip Code	a
Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State	-		and title if applicable. (NOT)	E: Registered Agent signature	PPCRUIPPC When princtahoon		DATE	· •	· · · · ·
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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 617, 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.

GNATURE:

| Manusing Officer or director of the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or the receiver or trustee empowered to execute this report is true and endough the corporation or true and endough the corporation or true and endough the corporation or true and endough the corporation or