


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91122 001 ***245.00

DOCUMENT # N01000000695

1. Entity Name
AACEPAC, INC.



Principal Place of Business
**1000 RIVERSIDE AVE SUITE 205
 JACKSONVILLE, FL 32204**

Mailing Address
**1000 RIVERSIDE AVE SUITE 205
 JACKSONVILLE, FL 32204**

66415440



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
59-3701281

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**JONES, DONALD C
 1000 RIVERSIDE AVE SUITE 205
 JACKSONVILLE, FL 32204**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAW, BILL JR M.D. 1932 ALCOA HWY SUITE 160 KNOXVILLE, TN 37920 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GHARIB, HOSSEIN MD <input checked="" type="checkbox"/> Delete MAYO CLINIC DESK WEST 18 ROCHESTER, MN 55905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED BERGMAN, DONALD S MD <input type="checkbox"/> Delete 1199 PARK AVE SUITE 1 NEW YORK, NY 10128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAMILTON, CARLOS R MD <input type="checkbox"/> Delete 7000 FANNIN STREET #1535 HOUSTON, TX 77030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C <input type="checkbox"/> Delete 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETAK, STEVEN M MD <input type="checkbox"/> Delete 7400 FANNIN STREET, SUITE 850 HOUSTON, TX 77054

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hellman, Richard, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2750, Clay Edwards Dr. # 210 North Kansas city, MO 64116
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 checked="" 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 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.

SIGNATURE: *Donald Jones*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 Date *(904) 353-7878* Daytime Phone #