

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008319

FILED
Apr 30, 2004
Secretary of State

Entity Name: PATIENT BENEFITS NONPROFIT CORPORATION

Current Principal Place of Business:

125 ROANN DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

125 ROANN DRIVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3341981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMAN, MARIA TERESA
228 SUNSET DRIVE
SANFORD, FL 32773 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, ROBERT W
Address: ST. JOSEPH CATHOLIC CHURCH
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: ARSLANIAN, EDWARD
Address: 6636 HIDDEN BEACH CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: MCNEELY, DAVID J
Address: 470 C STREET
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. BROWN

MR.

04/30/2004

Electronic Signature of Signing Officer or Director

Date